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AUTHOR Stovall, Bennie
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ABSTRACT

This self-study manual, for use by individuals or groups, was developed for social work practitioners, and focuses on total family assessment to determine prevention and treatment intervention in cases of child sexual abuse and neglect. The introduction presents the philosophy of continuing education on which the manual is based, an overview of child sexual abuse, and a discussion of the purpose of the manual. Section II outlines three suggested formats (3-hour workshop, 2-day workshop, and a course outline) for presenting the material to groups. Section III, the major portion of the manual, consists of the following materials: suggestions for use of the manual; a discussion of myths concerning child sexual abuse; Michigan criminal sexual conduct and child protection law; a definition of child sexual abuse; charts of family dynamics in child sexual abuse cases, family diagnosis, and stages of the family life cycle; a discussion of diagrammatic assessment of family relationships; a diagnostic guide; indications for conjoint evaluation; an outline of a problem-solving model; a model for practice; and lists of audiovisuals and additional resources. Section IV presents two case studies with suggested interventions and practical applications of the material offered in the manual. Section V contains four readings on incest, sexual abuse, and child molesting. The manual concludes with a 17 page bibliography of a variety of resources concerning child sexual abuse.

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EASTERN MICHIGAN UNIVERSITY

Continuing Education for the Prevention of Family Break-up

Child Sexual Abuse

ED258103

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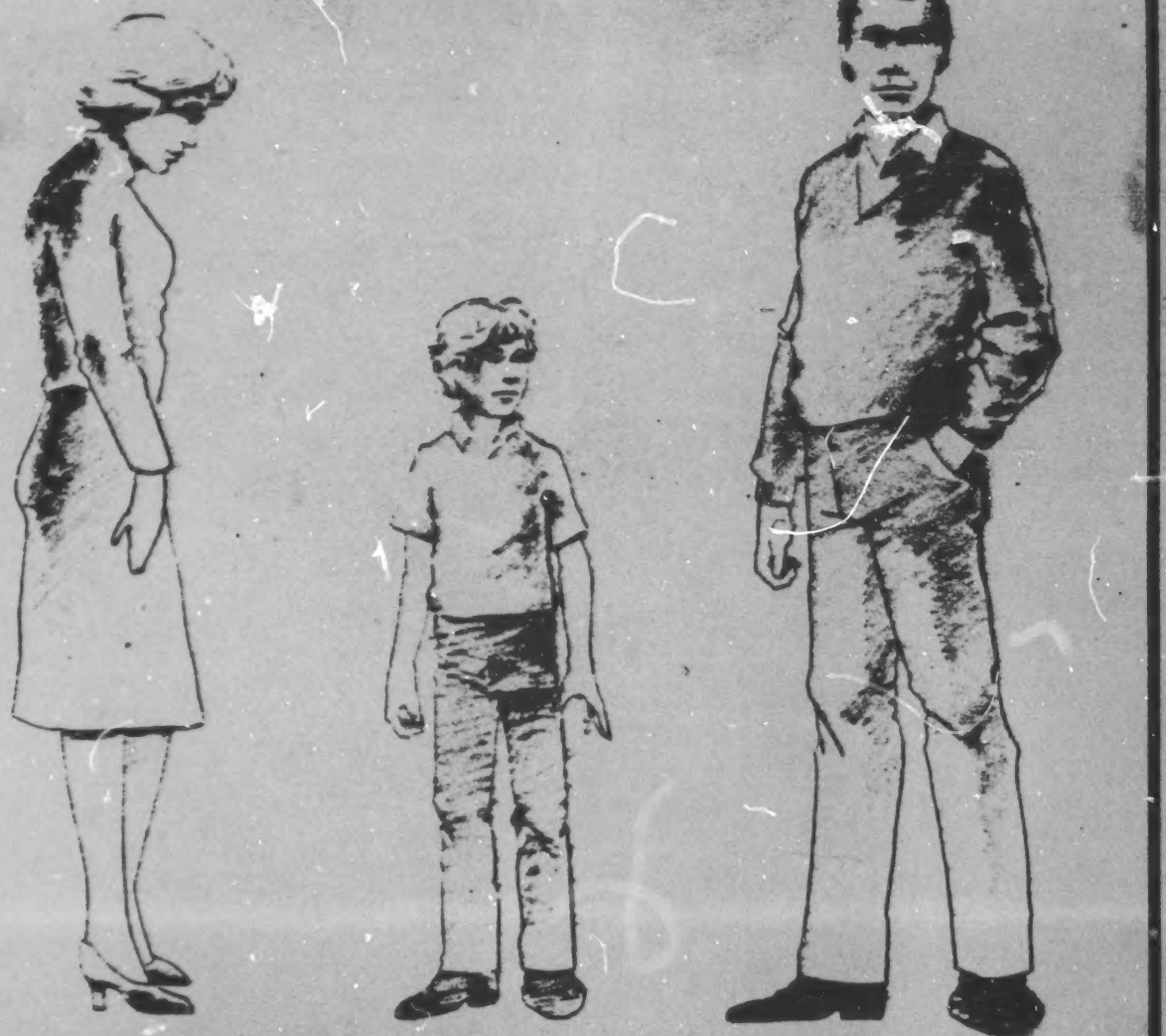

Eastern Michigan University
Ypsilanti, Michigan 48197

CHILD SEXUAL ABUSE: PREVENTION AND TREATMENT

CONTINUING EDUCATION MANUAL

Prepared by
Bennie Stovall, MSW, PhD (candidate)
Assistant Professor

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Funded in part by a grant from the Administration for Children, Youth and Families, Region V, Office of Human Development Services, DHHS (Grant #TE MI 0181)

CG 018 306

Department of Social Work
King Hall
(313) 487-0393

SEXUAL ABUSE OF CHILDREN: PREVENTION AND TREATMENT

CONTINUING EDUCATION MANUAL

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INTRODUCTION

INTRODUCTION

Continuing Education for Preventative Child Welfare Services

The Department of Social Work of Eastern Michigan University developed continuing education modules and this manual as a part of a child welfare teaching grant. The purposes of the grant (DHHS grant #TE MI 0181) were:

- To develop and offer continuing education modules responsive to needs identified by public and private agencies providing child welfare services.
- To provide continuing education sessions for agency staff which enhance their skills in preventing separation of children from their families and in developing permanent plans and supportive services to return children to their families.
- To develop instructional materials and on-going continuing education methods in preventative child welfare services as a regular component of the Department of Social Work

The three continuing education modules developed were:

1. Sexual Abuse of Children: Prevention and Treatment
2. Managing Child Welfare Cases to Enhance the Prevention of Family Breakup
3. Abuse and Neglect of Adolescents: Intervention and Prevention

These modules have been identified based on the experience the Social Work Faculty has had during the past five years in developing a Family and Children's Specialty. A sample of the cross-section of public and private agencies in the area also support the need for these continuing education sessions. The sessions were developed with the input of these through an Advisory Committee. Through further feedback and consultation the content

of each session was developed to include the following concepts:

- Although the needs of a child may be the precipitating reason for a family coming into contact with the child welfare services system, the "client" should be the family.
- Within the child welfare system there should be a focus to develop and improve the ability of families to care for their children thereby preventing delinquency, neglect, abuse and exploitations of children.
- When substantial efforts to maintain children in their own home fail, services should be provided to protect and care for children in permanent substitute family arrangements.

This project was stimulated by the recognition of need to develop a variety of methods to teach knowledge and skills, directed toward assisting child welfare workers to provide preventative services and develop plans to insure permanency and supportive services to return their homes. Thus the following philosophy was developed concerning continuing education:

> Professional social work practitioners recognize the need to constantly refine and update their knowledge and skills. The use of various formats included in this manual can measurably meet some of the continuing education needs of social workers in child welfare settings. The suggested sessions are not intended to be a substitute for professional degree curricula but rather should be a part of a continuum of continuing education and training opportunities in which each practitioner regularly participates.

Consistent to the philosophy, this manual was developed as a self study

resource. It is a practical reference for the supervisor or direct services practitioner. While professional educators or trainers might also use this manual it is not the traditional training manual, rather it is intended to be used as a "stimulus" for individual or group continuing education. Each manual will focus on the assessment, interventions and prevention skills needed by child welfare workers.

Special recognition and a "thank you" are given to the members of the Advisory Committee to the project. This group of agency practitioners and faculty members actively participated in the implementation of the project, critique of instructional materials, and evaluation of the outcome of the project. The Department of Social Work is appreciative of the efforts of this committee.

ADVISORY COMMITTEE

From Child Welfare Agencies:

Jay Ballew, Michigan Department of Social Services
Jacqueline Chambers-Thomas, Jackson County Department of Social Services
Janet Devold, Wayne County Department of Social Services
Barbara Ditzhazey, Michigan Department of Social Services
Greg Kolly, Oakland County Department of Social Services
Mike Van Wagoner, Jackson County Department of Social Services
Laura Williams, Children's Aid Society, Detroit
John Yablonky, Methodist Children's Village

From the EMU Department of Social Work:

Donald Loppnow, Professor and Department Head
George Mink, Assistant Professor
Bennie Stovall, Assistant Professor
Marjorie Ziefert, Assistant Professor

INTRODUCTION

Child Sexual Abuse: Treatment and Prevention

It has only been in recent years that sexual abuse of children has been dealt with as a significant component in the array of child welfare concerns. This is true despite the growing awareness of the nature, causes and treatment of child abuse and neglect. Even in those cases where sexual exploitation of children is blatantly exposed, the remedies are usually fragmented, simplistic or superficial and in effect no remedies at all. This certainly demonstrates the tenacity of societal taboos concerning human sexuality and sexual behavior. It also reflects a reluctance to interfere within some "traditional" areas such as the privacy of families, sanctity of parental autonomy over children, and the tolerance of individual expression. The challenge is for social work practitioners in child welfare services to develop methods of intervention which effectively protect these victims. Protection refers not only to intervention after "disclosure" of abuse, but also to a process to prevent abuse whenever possible.

Prior to the pursuit of effective methods of intervention, there is a need to provide resources and training to assist social work practitioners who are providing preventative or treatment services in child sexual abuse. (Treatment refers to the interventions of the generalist as well as those of the highly specialized practitioner.) Therefore, this manual has been designed to integrate the more prevalent information concerning prevention and treatment in child abuse and neglect, with additional information concerning child sexual abuse. The intent is to assist social workers at various levels, to develop a framework for "total family assessment." When accomplished, the practitioner should be able to more effectively determine appropriate interventions in cases of child sexual abuse.

The emphasis will be to remove the mysticism, and reluctance of practitioners by dealing with individual feelings, biases, and misconceptions. It has been noted that most practitioners can effectively intervene when they are first in touch with their own sexuality, and also understand the various issues of human sexuality within the family. Further, we believe the most successful interventions are those that impact the family as a system, versus traditional interventions which attempt to "break-up" the family. Finally the educational process is seen as extremely significant in the prevention and treatment of child sexual abuse. This requires education and training of the practitioner, as well as in educational process for the family concerning human sexuality and appropriate roles.

In summary, this manual was developed for social work practitioners in a variety of child welfare roles. It is intended as a resource for the direct service worker, supervisor or person responsible for training. The primary focus is total family assessment, to determine the prevention and treatment intervention in cases of child sexual abuse.

FORMATS

FORMATS

The continuing education information concerning sexual abuse of children can be presented in a variety of formats. Determining the exact format would require a needs assessment of the participant group. Other necessary considerations are time, space and financial resources,as well as knowledge and comfort level of the instructor. The suggested formats developed here are based on a "core of knowledge", which can be modified according to the needs assessment and resources available. The following outline identifies the required "core knowledge".

I. Overview of the Problem

Will include an introduction and brief history of child abuse and neglect generally, and child sexual abuse specifically. This section will also cover the similarities and differences in these forms of abuse; and will identify the need for special training concerning sexual abuse of children.

A. Personal awareness and sensitivity
-myths, misconceptions and biases
-values and reactions to issues of sexuality in the family

B. Legal Aspects
-Child Protection Law (reporting)
-Criminal Sexual Conduct Law
-Law enforcement/alternatives

C. Systems Involved
-Department of Social Services
-Police Departments
-Courts
-private agencies
-Education
-Medical
-Networks

D. Definitions
-Legal
-Social
-Practical applications

II. Identification

This section will assist participants with decision-making, intervention and referral process required in cases of child sexual abuse.

A. Interviewing
-special techniques?
-family (group) vs. individual
-children
-collateral resources

B. Process of assessment
-Characteristics of families
-Evidence of abuse in children
-Determining referral needs

III. Interventions

This section will examine the traditional and alternative methods of interventions in child sexual abuse. The knowledge of previous sections will assist the practitioner in making appropriate interventive decisions. This knowledge should also be very helpful in the area of prevention.

A. Treatment implications
-When and what intervention is appropriate?
-Define treatment
-A treatment philosophy
-The family focus

B. Diagnostic Assessment
-Diagramatic systems approach (Family)
-Individual needs assessment
-Structural perspectives

C. Structural Treatment Intervention
-Model of structural therapy
-Specific case examples

D. Prevention
-various levels of prevention
-Legislation and Law enforcement
-need for placement
-Educational component
1. client/general populations
2. professional
-Resources
1. client systems
2. community/professional

Suggested Three Hour Workshop

Child Sexual Abuse

I. Overview of the Problem

-Myths
-Definitions
-Child Protection Law - DSS - Police

II. Identification

-Family Dynamics
-Profiles of child victims

III. Interventions

-Treatment implications
-Prevention
-Resources

Suggested Two Day Workshop

Child Sexual Abuse: Treatment and Prevention*

First Day:

Develop sensitivity for topic

Definitions

Explore values and affective reactions of participants to issues of sexuality in the family

Systems involved/coordination, advocacy

Clarification of issues and various roles

Second Day:

Diagnostic assessment of sexual abuse

Family functions, boundaries, structures, methods of interviewing

Need for placement

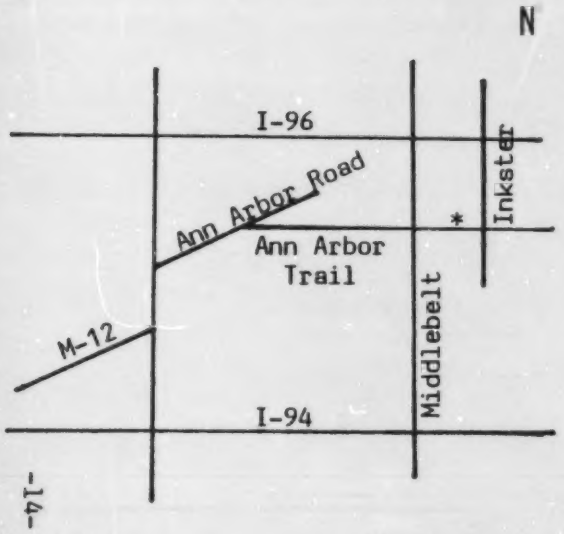
Treatment issues

Resources: How can the above be used in prevention

Preventative Techniques

*See Module Workshop Brochure

Class site: 28550 Ann Arbor Trail*



Faculty:

Bennie M. Stovall, MSW, PhD (candidate) is an assistant professor with the Department of Social Work at EMU. She is also the coordinator of Staff Development and Training at Children's Aid Society in Detroit. In addition, Mrs. Stovall is a group therapy consultant to an adult treatment facility for women who were child victims of incest, sexual abuse and sexual assault.

Mrs. Stovall has practice experience in mental health and child welfare services. The latter include residential treatment for adolescents, protective service, foster care, therapeutic outreach services and family counseling. She has also conducted numerous workshops and training sessions throughout the state and around the country on child abuse and neglect, particularly sexual abuse of children.

CONTINUING EDUCATION PHILOSOPHY

Professional social work practitioners recognize the need to constantly refine and update their knowledge and skills. This two day workshop can measurably meet some of the continuing education needs of the front line worker in child welfare settings. These continuing education sessions are not intended to be a substitute for professional degree curricula but rather should be a part of a continuum of continuing education and training opportunities in which each practitioner regularly participates.

CONTINUING EDUCATION UNITS (CEUs)

Full participation in this workshop will enable participants to earn CEUs.

* * * * * * *

This session, its presentations and materials will be available with permission from the Department of Social Work, Eastern Michigan University.

For further information contact:

Department of Social Work
411 King Hall
Eastern Michigan University
Ypsilanti, MI 48197
(313) 487-0393

EASTERN MICHIGAN UNIVERSITY

DEPARTMENT OF SOCIAL WORK

CONTINUING EDUCATION MODULES
IN

CHILD WELFARE:
A FOCUS ON PREVENTION

CHILD SEXUAL ABUSE:
PREVENTION AND TREATMENT

December 3 - 4, 1981

Whittier Center
28550 Ann Arbor Trail
Westland, Michigan

Funded in part by a grant from the Administration for Children, Youth and Families, (Region V), Office of Human Development Services, DHHS (Grant #TE MI 0181)

CHILD SEXUAL ABUSE: PREVENTION AND TREATMENT

The Department of Social Work at Eastern Michigan University is committed to offer continuing education opportunities for practitioners. This continuing education workshop, "Child Sexual Abuse: Prevention and Treatment", is the first of a series of different sessions which will be offered relating to child welfare.

OBJECTIVES OF THE CONTINUING EDUCATION SERIES ON PREVENTION IN CHILD WELFARE:

- To offer continuing education sessions responsive to needs as identified by public and private agencies providing Child Welfare Services

- To provide continuing education sessions for agency staff which will enhance their skills in preventing separation of children from their families and in developing permanent plans and supportive services to return children to their families.

OVERVIEW OF WORKSHOP I -

Child Sexual Abuse: Prevention and Treatment

This module will focus primarily on the sexual abuse of children within the context of the family. Information will stress the concept of working with families as an intact unit as often as possible. Thus the position of "preventing the break up of families" is supported. Although the primary focus is abuse within the home, references will be made to those children who have been sexually asssaulted (by persons other than family members) to distinguish differences and to further clarify child sexual abuse.

The design was developed to assist the social work practitioner in a variety of child welfare roles. Such roles would include; intake, protective services, foster care, delinquency as well as family and individual treatment. While concepts and techniques have been successful, this presentation is not meant to imply a universal solution, rather to enlighten participants of an alternative approach. Keeping the continuing education philosophy in mind the objectives are to assist the practitioners with educational information to identify individual specific future training needs.

WORKSHOP AGENDA

Thursday, December 3, 1981

8:45 - 9:00 a.m. - Registration

9:00 - 10:30 a.m. - Overview
- -awareness and sensitivity
- -values
- -definitions

10:30 - 10:45 a.m. - Coffee Break

10:45 - 12:00 noon - Legal aspects
- -mandatory reporting
- -law enforcement/ alternatives

12:00 - 1:30 p.m. - Lunch (on your own)

1:30 - 3:00 p.m. - Systems which impact on the problem

3:00 - 3:15 p.m. - Break

3:15 - 4:30 p.m. - Film/Discussion

Friday, December 4, 1981

9:00 - 10:30 a.m. - Identification
- -assessment and process

10:30 - 10:45 a.m. - Coffee Break

10:45 - 12:00 noon - Interventions

12:00 - 1:30 p.m. - Lunch (on your own)

1:30 - 3:00 p.m. - Treatment (cont'd) /Prevention

3:00 - 3:15 p.m. - Break

3:15 - 4:30 p.m. - Prevention

Suggested Course Outline

Social Work 477
Sexual Abuse of Children:
Treatment and Prevention

Instr: B. Stovall
Spring 1982
One hour credit
(five sessions)

COURSE OUTLINE:

This course will focus primarily on the sexual abuse of children within the context of the family. Emphasis will be placed on the concept of working with families as an intact unit, as often as possible. The objective is to "prevent" the break up of the family. Although the focus will be abuse within the home, references will be made to those children who have been sexually assaulted (by persons other than family members). The latter to distinguish differences and further clarify child sexual abuse. Finally, the course will assist the child welfare practitioner in a variety of roles. Such roles would include; intake, protective services, foster care, delinquency, as well as family and individual treatment.

COURSE OBJECTIVES:

1. Have personal awareness and sensitivity to the issue of child sexual abuse (CSA).
2. Be able to discriminate myths, misconceptions and biases in defining, identifying and interviewing in situations of CSA.
3. Be able to identify values and related issues of sexuality within the family.
4. Have a knowledge of the legal aspects of CSA - mandatory reporting, Criminal Sexual Conduct Law enforcement.
5. Be able to identify the various focal system involved in CSA.
6. Be able to identify situations (and potential situations) of CSA, thereby help prevent CSA.
7. Be able to prioritize the assessment process for interventive purposes.
8. Be able to share a "conceptual framework" for decision-making in situations of CSA.
9. Be able to provide treatment interventions at various levels depending upon role responsibility in cases of CSA.
10. Be able to assist families and helping systems in identifying resources in CSA.
11. Be able to identify various levels of prevention.

COURSE CONTENT:

I. Overview of the Problem
   A. History of Abuse/Neglect
   B. Personal Awareness and Sensitivity
   C. Legal Aspects
   D. Systems Involved
   E. Definitions

II. Identification
   A. Gathering Data
   B. Process of Assessment
   C. Decision-making

III. Interventions
   A. Treatment Implications
   B. Diagnostic Assessment
   C. Structural Intervention
   D. Prevention

COURSE REQUIREMENTS:

Students are expected to attend and participate fully in all five sessions. Grades will be determined as follows:

Attendance and Participation	25%
Written Report	35%
Exam	40%
	100%

REQUIRED TEXT:

Sexual Abuse of Children: Implications for Treatment, Wayne M. Holder, The American Humane Association, 1980.

CALENDAR:*

1st week: Overview
Required reading: Chapters 1 and 3 of text
sensitivity exercises

2nd week: Continue Overview
Required reading: Chapters 2 and 4 of text
Films

3rd week: Written assignment due
Required reading: Chapter 5 of text
Identification

4th week: Interventions
Required reading: Chapters 6 and 7 of text
Review of material covered

5th week: Putting it all together
Required reading: Chapter 8 of text
Final Exam

Assignments are due the week indicated. Late papers will not be accepted. No make up exams will be given.

SEX ABUSE BIBLIOGRAPHY

Armstrong, Louise. Kiss Daddy Goodnight. (New York: Hawthorn Books, Inc.), 1978. (Also available in paperback; New York: Pocket Books).

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Groth, Nicholas. Men Who Rape. (New York: Plenum Press), 1979.

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Raphael, Maryanne. Runaways: America's Lost Youth. (New York: Drake Publications), 1974.

Rush, Florence. The Best Kept Secret, Sexual Abuse of Children. (Englewood Cliffs, New Jersey: Prentice-Hall, Inc.), 1980.

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Walter, David R. Incest: A Psychological Study of the Causes and Effects, with Treatment and Recommendations. (San Francisco: Jossey-Bass Publishers), 1978.

Weinberg, S. Kerson. Incest Behaviour. (Secaucus, New Jersey: The Citadel Press), 1976.

Zaphiris, Alexander G. Incest: The Family with Two Known Victims. American Human Association, Englewood, California.

TEACHING MATERIALS

TEACHING MATERIALS

This material has been selected to assist the instructor or participant, to increase levels of comfort and knowledge concerning child sexual abuse. The criteria for selection include illustration, dydactic and experiential sources focused on family treatment. Again the skills and resourcefulness of the reader are primary in determining specific use. In addition to articles and outlines, the reader will find references for audio-visual material and structured human experience exercises.

SUGGESTED USE OF MATERIALS

The following is an outline of how the included material might be used.

page

I. Overview of the Problem

Articles:
- Myths 25
- Definitions 35
- Thomas Sullivan 84
- Child Protection Law 30
- Criminal Sexual Conduct Law 27

Audio-visuals:
- Incest: The Victim Nobody Believes
- Sexual Abuse: The Family
- Sexual Abuse of Children
- Childhood Sexual Abuse
- Child Abuse: What is It?
- Issues in Reporting Abuse and Neglect
- Double Jeopardy

Exercises:
- Who Am I?**
- Expressing Anger**
- Looking at Myself**
- Identifying Feelings

II. Assessment

Articles:
- N. Ackerman 38
- E. Carter/McGoldrick 39
- A. Hartman 41
- Problem-solving Model 63

Audio-visuals:
- Videotape of Family Interview*

Exercises:
- Use of case example in role play
- Not Listening**
- A Look at My Family**

page

III. Identification

Articles: Thomas Sullivan 84
Family Dynamics 37
Things to look for 90
Case studies 71

Audio-visuals: Sexual Abuse of Children
Sexual Abuse: The Family
Interviewing the Abused Child

Exercises: Active Listening
Sculpturing**
One Way, Two Way**

IV. Intervention

Articles: Ann Hartman 41
Looking at My Family**
Looking at My Community**

Audio-visuals: Who Do You Tell?
My Body Belongs to Me

Exercises: Growth Cards**
Dependency-Intimacy**

*available as part of this manual

**see page 70

MYTHS

The following are some of the more prevalent myths concerning sexual abuse of children.

1. *Children are sexually abused by strangers.*

   Fact: National Center of Child Abuse and Neglect (NCCAN) reports: conservative estimates reveal 700,000 children are sexually abused in the United States each year. Of that number 80% are sexually abused by a family member or someone known to the child.

2. *Sexual abuse of children is a violent act.*

   Fact: Again NCCAN reports in reported cases of child sexual abuse, only 5% represent acts of violence.

3. *Persons who sexually abuse children are mentally ill.*

   Fact: While some persons who sexually abuse children are in fact mentally ill, not all child sexual abusers are mentally ill. However, they (child sexual abusers) do have difficulties (problems) with appropriate adult-child relationships.

4. *All child victims of sexual abuse will experience trauma.*

   Fact: Some children experience trauma, however, most frequently trauma is related to the child's lack of opportunity to resolve guilt and confusion concerning the incident. All children do not automatically experience trauma as a result of sexual abuse.

5. *Sexual abuse of children only happens in low-income families, certain ethnic groups or by persons who are ignorant.*

   Fact: In Wayne County, Michigan there are incestuous families of poverty level, those of middle and upper income as well, various ethnic groups. In addition these families and individuals represent a wide variety of levels of education. The range includes; the illiterate to the graduate level professional.

6. *Only men sexually abuse children, and the victims are female.*

   Fact: Women sexually abuse children also. Male and female children have been identified as victims.

7. *In families children are victims of sexual abuse because the parents do not have a sexual relationship.*

   Fact: In most situations of intra-family sexual abuse, the parents do have a sexual relationship. While this relationship may not be satisfactory to one or both, it is not the "cause" of activity with a child. Child sexual abuse is not "sexual" as we recognize it in adult sexual relationships.

8. *Some children are seductive and thereby provoke (encourage) situations that result in sexual abuse.*

   Fact: Seduction is learned behavior, taught by adults in many ways to children. It is the adult's responsibility to also teach the child when such behavior is no longer acceptable; rather than take advantage of the child.

Prepared by B. Stovall

STATE OF MICHIGAN
CRIMINAL SEXUAL CONDUCT LAW

Effective April 1, 1975

DEFINITIONS

1. Sexual penetration: Sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object in the genital or anal openings of another person's body, but emission of semen is not required.

2. Sexual contact: includes the intentional touching of the victim's or actor's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or actor's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification.

CRIMINAL SEXUAL CONDUCT - 1st degree

1. Engages in sexual penetration and any of the following circumstances exists:
   a. victim under 13 years of age
   b. victim is 13, 14, or 15 years of age AND the actor is:
      I. a member of the same household,
      II. a blood relative to the fourth degree, OR
      III. in a position of authority over victim and uses authority to coerce victim.
   c. penetration occurs during the commission of any other felony.
   d. actor is aided by one or more persons AND EITHER:
      I. actor knows/had reason to know victim is mentally defective, mentally incapacitated or physically helpless, OR
      II. actor uses force of coercion to accomplish penetration.
   e. actor is armed with weapon or article which leads victim to believe that actor is armed.
   f. actor causes personal injury to victim AND force or coercion to accomplish penetration.
   g. actor causes personal injury to victim AND actor knows/has reason to know victim is mentally defective, mentally incapacitated or physically helpless.

2. Punishment: Felony, imprisonment for life or any term of years.

CRIMINAL SEXUAL CONDUCT - 2nd degree

1. Engages in sexual contact AND any of the following circumstances exists:
   a. victim under 13 years of age.
   b. victim is 13, 14, or 15 years of age AND the actor is:
      I. a member of the same household
      II. a blood relative to the fourth degree; or
      III. in a position of authority over victim and uses authority to coerce victim.
   c. contact occurs during the commission of another felony
   d. actor is aided by one or more persons AND EITHER:
      I. actor knows/has reason to know that victim is mentally defective, mentally incapacitated, or physically helpless, OR
      II. actor uses force or coercion to accomplish contact
   e. actor is armed with weapon or article which leads victim to believe that actor is armed.
   f. actor causes personal injury to victim AND force or coercion to accomplish contact.
   g. actor causes personal injury to victim AND actor knows/has reason to know that victim is mentally defective, mentally incapacitated or physically helpless.

2. Punishment: felony, imprisonment for not more than 15 years.

CRIMINAL SEXUAL CONDUCT - 3rd degree

1. Engages in sexual penetration AND any of the following circumstances exists:
   a. victim is 13, 14, or 15 years of age.
   b. force or coercion is used to accomplish penetration.
   c. actor knows/has reason to know that victim is mentally defective, mentally incapacitated or physically helpless.

2. Punishment: felony, imprisonment for not more than 15 years.

CRIMINAL SEXUAL CONDUCT - 4th degree

1. Engages in sexual conduct ANY any of the following circumstances exists:
   a. force or coercion is used to accomplish the contact.
   b. actor knows/has reason to know that victim is mentally defective, mentally incapacitated or physically helpless.

2. Punishment: misdemeanor, imprisonment for not more than two years and/or a fine of not more than $500.00.

OFFENSE - 1st, 2nd or 3rd degree CRIMINAL SEXUAL CONDUCT

Punishment: Felony, mandatory minimum imprisonment for at least five years.

ASSAULT WITH INTENT TO COMMIT CRIMINAL SEXUAL CONDUCT INVOLVING SEXUAL PENETRATION

Punishment: Felony, imprisonment for not more than ten years.

ASSAULT WITH INTENT TO COMMIT CRIMINAL SEXUAL CONDUCT IN THE 2ND DEGREE FELONIOUS CONTACT

Punishment: Felony, imprisonment for not more than five years.

CIRCUMSTANCE

A victim need not resist the actor in prosecution for 1st, 2nd, 3rd or 4th degree criminal sexual conduct, nor during an assault with intent to commit act.

A person does not commit sexual assault under the act if the victim is his or her legal spouse, unless the couple is living apart and one of them has filed for separate maintenance or divorce.

STATUTES REPEALED

1. M.C.L. 750.85 -- Assault with intent to commit rape, sodomy or gross indecency: sexual delinquent.
2. M.C.L. 750.333 -- Incest: sexually delinquent.
3. M.C.L. 750.336 -- Child under 16: indecent liberties.
4. M.C.L. 750.339 -- Males under 15: debauching by females.
5. M.C.L. 750.340 -- Males under 15: debauching by males.
6. M.C.L. 750.341 -- Female patient in institution for insane: ravishing, abuse.
7. M.C.L. 750.342 -- Female ward: carnal knowledge.
8. M.C.L. 750.520 -- Carnal knowledge: rape.
9. M.C.L. 767.82 -- Indictment for rape, attempted rape.

State of Michigan

CHILD PROTECTION LAW

Act No. 238, Public Acts of 1975, being Sections 722.621--722.636, Michigan Compiled Laws.

An ACT to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody to authorize medical examinations; to prescribe powers and duties of the state department of social services to prevent child abuse and neglect; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the agrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts.

The People of the State of Michigan enact:

Sec. 1. This act shall be known and may be cited as the "child protection law".

Sec. 2. As used in this act:

(a) "Child" means a person under 18 years of age.

(b) "Child abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.

(c) "Child neglect" means harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

(d) "Department" means the state department of social services.

Sec. 3. (1) A physician, coroner, dentist, medical examiner, nurse, audiologist, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, or duly regulated child care provider who has reasonable cause to suspect child abuse or neglect immediately, by telephone or otherwise, shall make an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours the reporting person shall file a written report as required in this act. If the reporting person is a member of a hospital, agency, or school staff, he shall notify

the person in charge thereof of his finding, that the report has been made, and make a copy of the written report available to the person in charge. One report from a hospital, agency, or school shall be deemed adequate to meet the reporting requirement.

(2) The written report shall contain the name of the child and a description of the abuse or neglect. If possible, the report shall contain the names and addresses of the child's parents, the child's guardian, or the persons with whom the child resides, and the child's age. The report shall contain other information available to the reporting person which might establish the cause of abuse or neglect and the manner in which it occurred.

(3) The department shall inform the reporting person of the required contents of the written report at the time the oral report is made.

(4) The written report required in this section shall be mailed to the county department of social services of the county in which the child suspected of being abused or neglected is found.

(5) Upon receipt of a written report of suspected child abuse or neglect, the department may provide copies to the prosecuting attorney and the probate court of the counties where the child suspected of being abused or neglected resides and is found.

Sec. 4. In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or law enforcement agency as indicated in section 2.

Sec. 5. The identity of a reporting person shall be confidential subject to disclosure only with the consent of that person or by judicial process. A person acting in good faith who makes a report or or assists in any other requirement of this act shall be immune from civil or criminal liability which might otherwise be incurred thereby. A person making a report or assisting in any other requirement of this act shall be presumed to have acted in good faith. This immunity from civil or criminal liability extends only to acts done pursuant to this act and does not extend to a negligent act which causes personal injury or death or to the malpractice of a physician which results in personal injury or death.

Sec. 6. (1) If a child suspected of being abused or neglected is admitted to a hospital or brought to a hospital for outpatient services and the attending physician determines that the release of the child would endanger the child's health or welfare, the attending physician shall notify the person in charge and the department. The person in charge may detain the child in temporary protective custody until the next regular business day of the probate court, at which time the probate court shall order the child detained in the hospital

or in some other suitable place pending a preliminary hearing as required by section 14 of chapter 12a of Act No.288 of the Public Acts of 1939, as amended, being section 712a.14 of the Michigan Compiled Laws, or order the child released to the child's parent, guardian, or custodian.

(2) When a child suspected of being an abused or neglected child is seen by a physician, the physician shall make the necessary examinations, which may include physical examinations, x-rays, photographs, laboratory studies, and other pertinent studies. The physician's written report to the department shall contain summaries of the evaluation.

(3) If a report is made by a person other than a physician, or if the physician's report is not complete, the department may request a court order for a medical evaluation of the child. The department shall have a medical evaluation made without a court order if the child's health is seriously endangered and a court order cannot be obtained.

Sec. 7. (1) The department shall maintain a central registry system to carry out the intent of this act. Written reports, documents, or photographs filed with the department pursuant to this act shall be confidential records available only to:

(a) A legally mandated public or private child protective agency investigating a report of known or suspected child abuse or neglect.

(b) A police or other law enforcement agency investigating a report of known or suspected child abuse or neglect.

(c) A physician who has before him a child whom the physician reasonably suspects may be abused or neglected.

(d) A person legally authorized to place a child in protective custody when the person has before him a child whom the person reasonably suspects may be abused or neglected and the information is necessay to determine whether to place the child in protective custody.

(e) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record, or a parent, guardian, or other person who is responsible for the child's welfare.

(f) A person named in the report or record, if the identity of the reporting person is protected pursuant to section 5.

(g) A court which determines the information is necessary to decide an issue before the court.

(h) A grand jury which determines the information is necessary in the conduct of its official business.

(i) A person engaged in a bona fide research purpose. Information identifying a person named in the report shall not be made available to the research applicant unless the department has obtained that person's written consent. A research applicant shall not conduct a personal interview with a family without their prior consent and shall not disclose information which would identify the child or the child's family or other identifying information.

(2) A person who is the subject of a report made pursuant to this act may request the director of the department to amend or expunge an inaccurate or unsubstantiated report or record from the central registry. If the director refuses the request or fails to act within

30 days after receiving the request, the person shall be granted a hearing to determine whether the report or record should be amended or expunged on the grounds that it is inaccurate or is being maintained in a manner inconsistent with this act. The hearing shall be before a hearing officer appointed by the director and shall be conducted pursuant to Act. No. 306 of the Public Acts of 1969, as amended, being sections 24.201 to 24.315 of the Michigan Compiled Laws. A finding by a court of competent jurisdiction of child abuse or neglect shall be presumptive evidence that the report or record was substantiated. If the investigation of a report conducted pursuant to this act fails to disclose credible evidence of abuse or neglect, the information identifying the subject of the report shall be expunged from the central registry. If credible evidence of abuse or neglect exists, the information identifying the subject of the report shall be expunged when the child alleged to be abused or neglected reaches the age of 18, or 10 years after the report is received, whichever occurs later.

Sec. 8. (1) Within 24 hours after receiving a report made pursuant to this act, the department shall commence an investigation of the child suspected of being abused or neglected.

(2) In the course of its investigation, the department shall determine if the child is abused or neglected. The department shall cooperate with law enforcement officials, courts of competent jurisdiction, and appropriate state agencies providing human services in relation to preventing, identifying, and treating child abuse and neglect; shall provide, enlist, and coordinate the necessary services, directly or through the purchase of services from other agencies and professions; and shall take necessary action to prevent further abuses, to safeguard and enhance the welfare of the child, and to preserve family life where possible.

(3) In conducting its investigation, the department may seek the assistance of law enforcement officials and the probate court.

(4) If there is reasonable cause to suspect that a child in the care of or under the control of a public or private agency, institution, or facility is an abused or neglected child, the agency, institution, or facility, shall be investigated by an agency administratively independent of the agency, institution, or facility being investigated.

Sec. 9. (1) The department, in discharging its responsibilities under this act, shall provide, directly or through the purchase of services from other agencies and professions, multidisciplinary services such as those of a pediatrician, psychologist, psychiatrist, public health nurse, social worker, or attorney through the establishment of regionally based or strategically located teams.

(2) The department shall assure a continuing education program for department, probate court and private agency personnel. The program shall include responsibilities, obligations, and powers under this act and the diagnosis and treatment of child abuse and neglect.

(3) The department shall provide for the dissemination of information to the general public with respect to the problem of child abuse and neglect in this state and the facilities, prevention, and

treatment methods available to combat child abuse and neglect.

Sec. 10. The court, in every case filed under this act in which judicial proceedings are necessary, shall appoint legal counsel to represent the child. The legal counsel, in general, shall be charged with the representation of the child's best interests. To that end, the attorney shall make further investigation as he deems necessary to ascertain the facts, interview witnesses, examine witnesses in both the adjudicatory and depositional hearings, make recommendations to the court, and participate in the proceedings to competently represent the child.

Sec. 11. Any legally recognized privileged communication except that between attorney and client is abrogated and shall neither constitute grounds for excusing a report otherwise required to be made nor for excluding evidence in a civil child protective proceeding resulting from a report made pursuant to this act.

Sec. 12. This act shall not prohibit a person who has reasonable cause to suspect child abuse or neglect from making a report to the appropriate law enforcement officials or probate court.

Sec. 13. (1) A person required to report an instance of suspected child abuse or neglect who fails to do so is civilly liable for the damages proximately caused by the failure.

(2) A person who permits or encourages the unauthorized dissemination of information contained in the central registry and in reports and records made pursuant to this act is guilty of a misdemeanor.

Sec. 14. A parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian. This section shall not preclude a court from ordering the provision of medical services or non-medical remedial services recognized by state law to a child where the child's health requires it nor does it abrogate the responsibility of a person required to report child abuse or neglect.

Sec. 15. Act No. 98 of the Public Acts of 1964, being sections 722.571 to 722.575 of the Compiled Laws of 1970, is repealed.

Sec. 16. This act shall take effect October 1, 1975.

CHILD SEXUAL ABUSE: A DEFINITION

B. Stovall

When defining the problem of sexual abuse of children, there seems to be a great deal of difficulty in clarifying the concepts concerning various behaviors and the actors involved. In addition, there is some confusion about the social and the various legal components. Unfortunately this difficulty in defining child sexual abuse is further compounded by the use of mythology. For clarity, the following definition will be used as it helps to identify the actors and behaviors most consistently seen in cases of child sexual abuse:

> The adult exploitation of the normal childhood developmental process, through the use of sexual activity, e.g. touching, kissing, fondling, digital manipulation of the genitals, and actual sexual intercourse.

This definition clarifies the exploitive focus of the adult behavior. (Most cases are with adult exploiters, although in some cases <u>older</u> children (siblings) exploit younger children.) The adult "takes advantage" of the child's "needs" and subsequent behaviors that occur normally as a part of child's growth and development. For example, all children require (need) nurturance, a sense of love and being loved by the primary care provider. (Usually the parent but any adult). This is necessary not only for growth (thriving) but for the child to develop a sense of "trust" in others. However, some parents exploit this need/behavior in children by responding:

> "If you won't do this . . . (kiss/touch me), I <u>won't</u> love you anymore!" or "I'll go away and <u>never</u> come back!"

The child is thereby forced/exploited to behave in a particular manner (respond to parents' inappropriate requests) to insure a source of love/nurturance.

This definition includes a progression of sexual activity. The exploitation of the child tends to follow this progression simultaneously with the physical maturity of the child. It is important to understand that touching/kissing refer to "inappropriate" behavior by parents/adults (ex. the genitals). This behavior moves progressively as the child develops physically to actual intercourse. Another clarification, many abusive parents touch and kiss children in what appears to be a "normal parental fashion". In reality the abusive parent touches/kisses the child and is sexually stimulated. That is to say the abusive parent uses the "parenting role" as an excuse to have contact with the child, and the contact provides sexual stimulation.

Finally, it should be noted that the majority of children who experience sexual abuse, have not actually engaged in sexual intercourse. To some persons the absence of intercourse and its evidence suggest the absence of sexual abuse. Again this definition helps to clarify that sexual abuse of children is not only the act of intercourse but a variety of sexual activities that are exploitive of the child's normal needs and behaviors.

SOME FAMILY DYNAMICS: CHILD SEXUAL ABUSE

*Family is isolated

*Family sexuality unclear to members

*High level of stress in the home

*Lack of appropriate family boundaries

*Children seen as vehicle for marital stress

Mother (role)

*Is different (emotionally withdrawn) from mate/spouse and child

*Role reversal with child

*Has a lot of dependency needs/low self esteem

*Possible victim of sexual abuse as a child

Child

*Needs nurturance

*Poor relationship with mother

*Seeks affection and support from father

*Learns to be seductive

*Learns to be mediator, "savior" of family members

Father (role)

*Appearance of mature adult male, when in fact very insecure about masculinity

*Usually employed

*Presents a very caring and very concerned attitude about child

*Poor self concept

B. Stovall

ACKERMAN'S GUIDE TO FAMILY DIAGNOSES

1. Presenting family or individual problem
2. External and internal stresses affecting the family
3. Composition of the family--physical setting, social and cultural pattern
4. Internal organization of the family--emotional climate, communication patterns, shared goals, activities, and pleasures; lines of authority, division of labor, and child-rearing attitudes
5. Family conflict, family defenses or patterns of restitution, and identity and stability of the family
6. External adaptation of the family to the community
7. Values, expectation, strengths, assets or the family and their attitude toward therapeutic intervention
8. Current family functioning
   a. Current marital relationships with role adaptation of both marital partners at the sexual, social, and emotional levels, including how each partner perceives the other's role
   b. Current parental relationship
   c. Current parent-child relationship
   d. Sibling relationships
9. Personality make-up of each individual member
10. Relations with the primary parental families
11. Developmental history of the primary families

Dr. Nathan Ackerman
Ackerman Institute for Family Therapy
149 East 78th Street
New York, NY 10021

THE STAGES OF THE FAMILY LIFE CYCLE*

Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second Order Changes in Family Status Required to Proceed Developmentally
1. Between Families: The Unattached Young Adult	Accepting parent offspring separation	a. Differentiation of self in relation to family of origin b. Development of intimate peer relationships c. Establishment of self in work
2. The Joining of Families Through Marriage: The Newly Married Couple	Commitment to new system	a. Formation of marital system b. Realignment of relationships with extended families and friends to include spouse
3. The Family With Young Children	Accepting new members into the system	a. Adjusting marital system to make space for child(ren) b. Taking on parenting roles c. Realignment of relationships with extended family to include parenting and grandparenting roles
4. The Family With Adolescents	Increasing flexibility of family bounderies to include children's independence	a. Shifting of parent-child relationships to permit adolescent to move in and out of system b. Refocus on mid-life marital and career issues c. Beginning shift toward concerns for older generation
5. Launching Children and Moving On	Accepting a multitude of exits from and entries into the family system	a. Renegotiation of marital system as a dyad b. Development of adult to adult relationships between grown children and their parents c. Realignment of relationships to include in-laws and grandchildren d. Dealing with disabilities of parents (grandparents)

	Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second Order Changes in Family Status Required to Proceed Developmentally
6.	The Family In Later Life	Accepting the shifting of generational roles	a. Maintaining own and/or couple functioning and interests in face of physiological decline; exploration of new familial and social role options b. Support for a more central role for middle generation c. Making room in the system for the wisdom and experience of the elderly; supporting the older generation without over-functioning for them d. Dealing with loss of spouse, siblings and other peers and preparation for own death. Life review and integration.

*from The Family Life Cycle
by Elizabeth A. Carter
Monica McGoldrick

figure 3

DIAGRAMMATIC ASSESSMENT OF FAMILY RELATIONSHIPS

Two methods of diagramming family relationships offer insights into complex family and community interactions and facilitate the interviewing and intervention process

ANN HARTMAN

Ann Hartman, D.S.W., is professor, School of Social Work, University of Michigan, Ann Arbor, Michigan.

Integrating new knowledge and conceptual frameworks from many sources that inform and support social work practice is a long and arduous process. General systems theory, which was introduced to social workers over twenty years ago, has been particularly difficult to assimilate because it is so abstract. The distance is great between the lofty principles enunciated by systems theorists and the practical knowlegde and skill that guide the practitioner's work with people, day by day. The field has made some progress in utilizing systems concepts in developing middle-range theory, in organizing practice models, in extending and clarifying the boundaries of the unit of attention, and in prescribing general directions for action. Professionals in the field are now at the point of attempting to translate concepts from the middle-range theory into specific and testable prescriptions for practice.

Particularly interesting is the potential a systems orientation has for altering cognitive styles and enabling practitioners to organize and process increasingly complex systems of variables. The attempt here is to derive from systems framework new conceptual models that can enhance the practitioner's and the client's perceptions of reality, thereby contributing to competence and creative adaptation in therapy.

Social workers, in attempting to understand their traditional unit of attention - the person in his total life space over time - are faced with an overwhelming amount of data. These data must be ordered, selected, and arranged to reduce confusion and overload. Edward Tolman has likened this mediating process to a map room where intervening cognitive charts shape data, lending meaning and manageability

to the influx of information. These cognitive patterns have tremendous influence on how reality is percieved, but are not readily observed or easily changed. They are an ongoing and familiar part of the self and, as Frederick Duhl has pointed out, "that which is constantly experienced is neutral to awareness, being so immersed in the identity, so 'egosyntonic,' that it is rarely open to observation or challenge." As social workers interact with their enviornment, these mediating cognitive processes so strongly imprint a particular view of reality that they may well be just as crucial as knowledge and values in determining professional decision making.

In dealing with almost continual information overload, cognitive processes tend to operate analytically: to partialize, to abstract parts from wholes, to reduce, and to simplify. Although this makes data more manageable, it does damage to the complexity inherent in reality. Ways of conceptualizing causation have tended to be particularly reductionist as reality is arranged in chains of simple cause and effect reactions. Such linear views reflect the limitations of thought and language rather than the nature of the real world, where human events are the result of transactions among multiple variables.

An emphasis on identifying the roots of problematic conditions in tremendously complex situations has frequently pushed social workers into supporting simplistic explanations and into arguements over what is the cause and hence the cure. Since nineteenth century scientism found expression in Mary E. Richmond's *Social Diagnosis*, the profession has struggled with the temptation to deal with this "radically untidy universe" through reductionist solutions growing out of reductionist assessments.

If social workers are to avoid reductionism and scientism, if they are to translate a systems orientation into practice, they must learn to "think systems," or to develop within their own cognitive map rooms new and more complex ways of imprinting reality. They must then devise ways of using this view in specific interventive techniques and strategies.

As one learns to "think systems," one tends to move to the use of metaphor and to the use of visual models in order to get beyond the constraints of linear thought and language. Social workers

have always been frustrated in writing psychosocial summaries - they find it not unlike the attempt to describe the action in a football game over the radio. In attempting to describe the complex system of transacting variables, the meaning and the nature of the integration of the variables and the totality of the events and action is lost. The use of metaphor in poetry and of two- and three-dimensional simulations in painting and sculpture demonstrate the integrative power of such approaches. Similar artistry can be used to expand the social worker's understanding of the nature of reality. Of many possibilities, two simple paper-and-pencil simulations have proved to be particularly useful, not only as assessment tools, but in interviewing, planning, and intervention.

One simulation is the egological map or "eco-map," which was originally developed three years ago as an assessment tool to help workers in public child welfare practice examine the needs of families. This tool pictures the family or the individual in the life space and has since been tested in a variety of settings with a wide range of clients. The second simulation is the genogram, which has been used by systems-oriented family therapists to chart intergenerational family history. This tool has also been found to be highly adaptable for use with individuals or families in many different settings where it is important to understand the development of the family system through time.

THE ECOLOGICAL METAPHOR

The task of making general systems concepts operational and humane, of giving them flesh and blood meaning, presents a difficult challenge. Although "input," "throughput," "moving steady state," and "deviation amplifying feedback loops" are precise and useful concepts, they mean little to social workers if they are unrelated to a human context. Recently, there has been a growing effort to utilize the science of ecology as a metaphorical way of humanizing and integrating systems concepts. The science of ecology studies the delicate balance that exists between living things and their enviornments and the ways in which this mutuality may be enhanced and maintained.

In utilizing the ecological metaphor, it is clear that the salient human enviornment includes far more than air, water, food, spatial arrangements, and other aspects of the physical enviornment. Human enviornments also include networks of inate human relationships. Further, over the centuries, human beings have erected elaborate social, economic,

and political structures that they must sustain and through which their needs are met. People must maintain an adaptive mutuality with these intricate systems which are required for growth and self-realization.

An ecological metaphor can lead social workers to see the client not as an isolated entity for study, but as a part of a complex ecological system. Such a view helps them to focus on the sources of nurturance, stimulation, and support that must be available in the intimate and extended enviornment to make possible growth and survival. It also leads to a consideration of the social, relational, and instrumental skills individuals must have to use possibilities in their enviornment and to cope with its demands.

THE ECO-MAP

The eco-map is a simple paper-and pencil simulation that has been developed as an assessment, planning, and interventive tool. It maps in a dynamic way the ecological system, the boundaries of which encompass the person or family in the life space. Included in the map are the major systems that are a part of the family's life and the nature of the family's relationship with the various systems. The eco-map portrays an overview of the family in their situation; it pictures the important nurturant or conflict-laden connections between the family and the world. It demonstrates the flow of resources, or lacks and deprivations. This mapping procedure highlights the nature of the interfaces and points to conflicts to be mediated, bridges to be built, and resources to be sought and mobilized. Although all one needs is a piece of paper and a pencil, it saves time to have "empty" maps available. These maps can be worked on by an individual or a family.

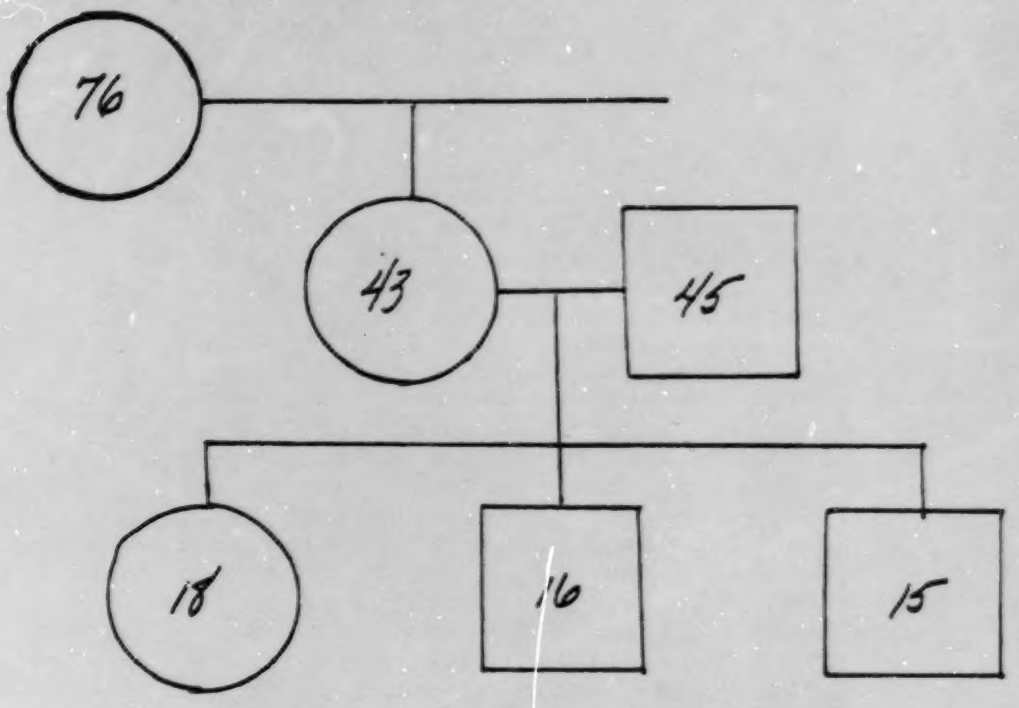
INSTRUCTIONS FOR DRAWING AN ECO-MAP

First the nuclear family system or household is drawn in a large circle at the map's center. It has been common practice in mapping families to use squares to depict males and circles to depict females. Relationships are indicated as in the traditional family tree or genetic chart. It is useful to put the person's age in the center of the circle or square. Thus a circle with "80" in the center would represent and elderly woman.

Figure 1 (see page 5) represents a household

consisting of a father, a mother, three children, and the wife's mother. The usefulness of this is demonstrated when one considers the number of words it would take to portray the facts thus represented. (The mapping of more complex nuclear family systems will be demonstrated in the discussion of genograms.)

Figure 1



After drawing the household in the large circle in the middle, add the connections between the family and different parts of the enviornment. In the empty map (Figure 2), some of the most common systems in the lives of most families have been labeled, such as work, extended family, recreation, health care, school, and so on. Other circles have been left undesignated so that the map can be individualized for different families.

Connections between the family and the various systems are indicated by drawing lines between the family and those systems. (See figure 3) The nature of the connections can be expressed in the type of line drawn: A solid or thick line represents an important or strong connection and a dotted line a

Diagrammatic assessment of family relationships

Figure 2

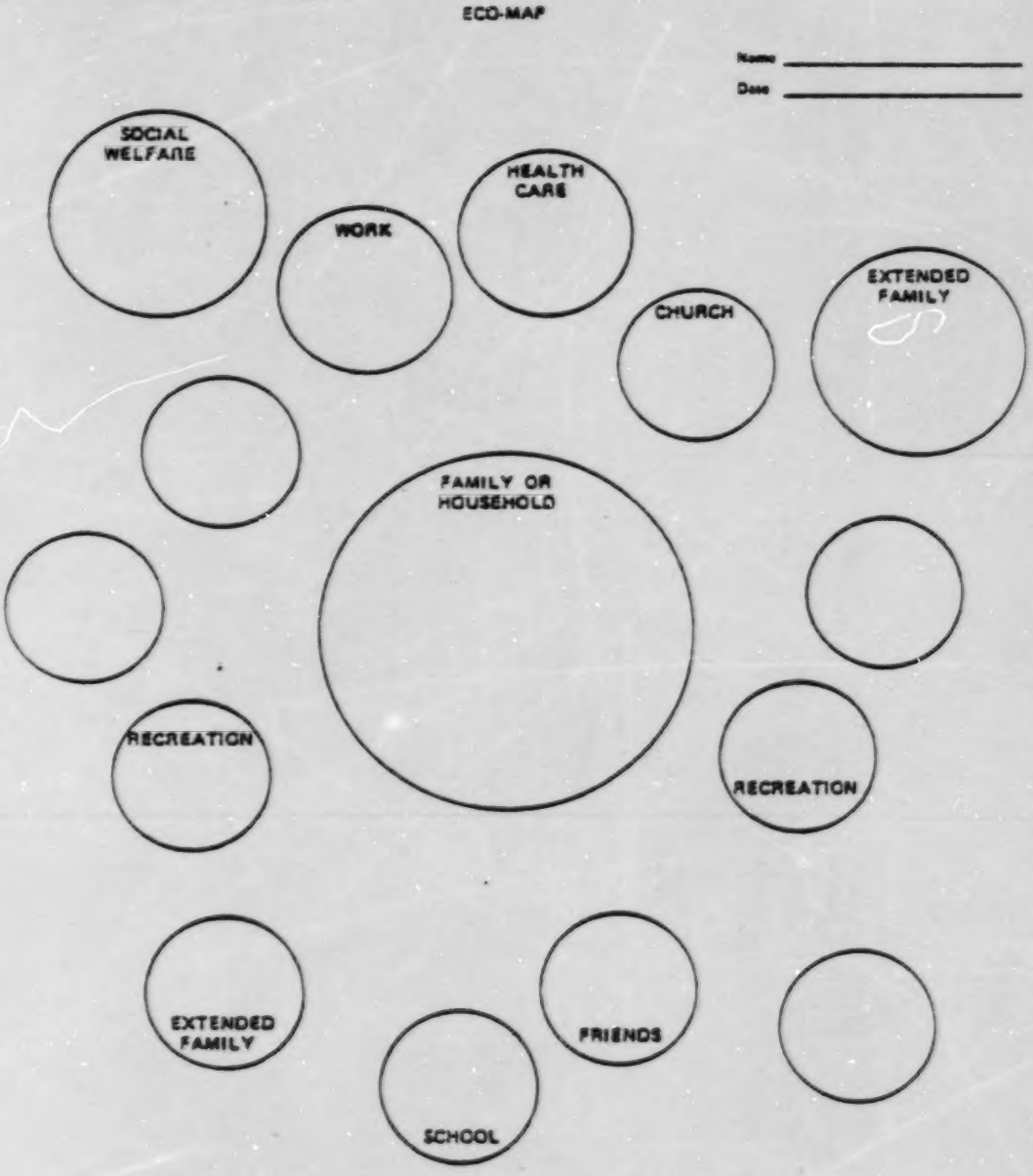
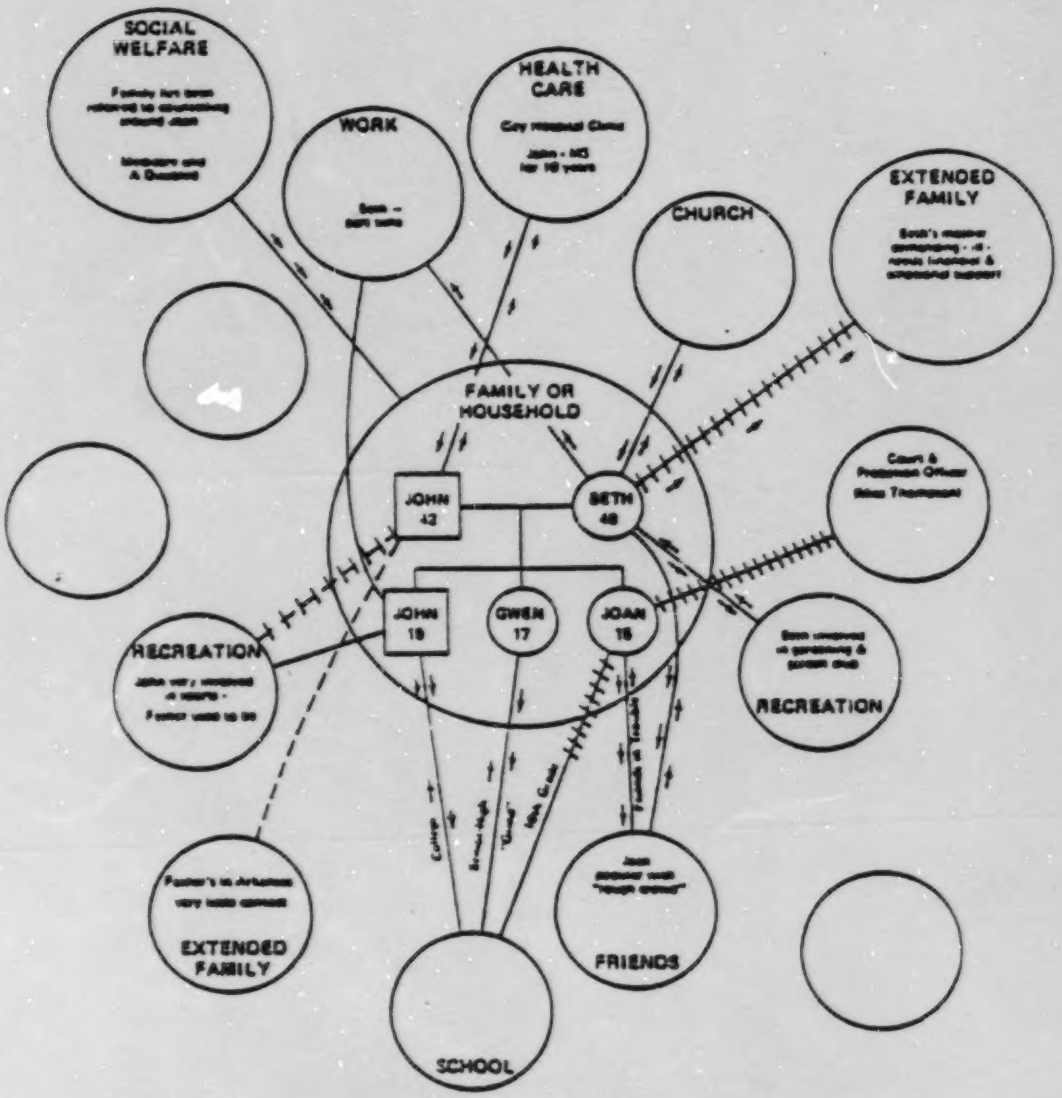


Figure 3

ECO-MAP

Name _____

Date _____



Fill in connections where they exist.
Indicate nature of connections with a descriptive word or by drawing different kinds of lines:
———— for strong, - - - - - - for tenuous, ////////// for stressful.
Draw arrows along lines to signify flow of energy, resources, etc. ——→
Identify significant people and fill in empty circles as needed.

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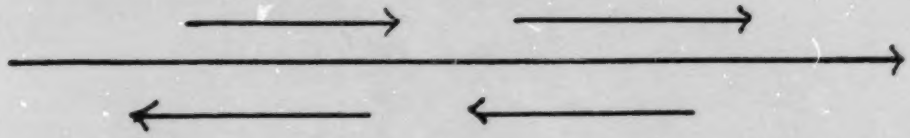
tenuous connection; jagged marks across the line represents a stressful or conflicted relationship. It is useful to indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines:



In testing the eco-map, it has been found that the use of the three kinds of lines for conflicted, strong, and tenuous relationships is an efficient shorthand when the worker uses the eco-mapping procedure., without the family, as an analytic tool. However, when using the map as an interviewing tool, this code has often been felt to be too constraining. Workers have preferred to ask clients to describe the nature of the connection and will then qualify that connection by writing a brief description along the connecting line.

Connections can be drawn to the family as a whole if they are intended to portray the total family systems relationship with some system in the enviornment. Other connections can be drawn between a particular individual in the family and an outside system when that person is the only one involved with an outside system in different ways. This enables the map to highlight the contrasts in the way various family members are connected to the world.

It is easy to learn to plot the eco-map and it is important to become comfortable with the tool before using it with clients. A simple way to learn is to sketch out one's own eco-map. It is also useful to practice with friends. By then, one is generally ready to use it with clients.

USES OF THE ECO-MAP

No matter how the eco-map is used, its primary value is in its visual impact and its ability to organize and present concurrently not only a great deal of factual information but also the relationships between variables in a situation. Visual examination of the map has considerable impact on the way the worker and the client percieve the situation. The connections, the themes, and the quality of the family's life seem to jump off the page and this leads to a

more holistic and integrative perception. The integrative value of visual experience was aptly expressed by one twelve-year-old client when he said, "Gee, I never saw myself like that before!"

Initially, the eco-map was developed as a thinking tool for the worker. It was helpful in organizing material and in making an assessment. Sketching out an eco-map in the early stages of contact brought out salient areas of the family's life space that had not as yet been explored and suggested hypotheses for treatment. Before long, it became apparent that the eco-map would make a useful interviewing tool. Client and worker cooperated in picturing the client's life space. This led to much more active participation on the part of the client in the information-gathering and assessment process. The growing collaborative relationship between worker and client was often expressed in a change in seating arrangements as the two tended to sit shoulder-to-shoulder, working together on the joint project.

Sharing the eco-mapping process also led to increased understanding and acceptance of the self on the part of the client. For example, an almost empty eco-map helps the client objectify and share loneliness and isolation. An eco-map full of stressful relationships showing all of the arrows pointing away from the family may lead a father to say, "No wonder I feel drained, everything is going out and nothing is coming in!" The eco-map has been extensively tested with natural parents working toward the return of their placed children through the Temporary Foster Care Project of the Michigan Department of Social Services. Fostercare workers noted that parents who were generally angry and self-protective following placement of their children because of abuse or neglect were almost without exception engaged through the use of the map. Workers were aware of a dramatic decrease in defensiveness. The ecological perspective made it clear to parents that the worker was not searching for inner defects but rather was interested in finding out what is was like to be in the client's space, to walk in their shoes.

In working with the eco-map, clients have responded in some unanticipated ways. Although it was expected that they would gain a new perception by being able to step outside and look at themselves and their world, the emotional importance of the maps to the clients was a surprise. One mother demonstrated

this early in the project by putting the eco-map on her kitchen wall. In responding to clients' attachments to maps, workers have regularly arranged to have them photocopied or have used pencil carbon so that clients may have a copy.

CONTRACTING AND INTERVENTION

The eco-map has also been a useful tool in planning and has had considerable impact on intervention. Because it focuses attention on the client's relationship with his life space, interventions tend to be targeted on the interface, with both worker and client becoming active in initiating changes in the life space. Problematic conditions tend to be characterized as transactional and as a function of the many variables that combine to affect the quality of the individual's or family's life.

In the Temporary Foster Care Project mentioned above, the worker and client moved quite naturally from the eco-map to a task-oriented contract. They talked together about the changes that would be needed in the eco-map before the family could be reunited. They identified problem areas, resources needed, and potential strengths and planned what actions were needed to bring about change. Further, they established priorities and developed a contract describing the tasks to be undertaken by the worker and by the client.

The uses of the eco-map have multiplied in the hands of creative practitioners. For example, it has been used to portray the past and the future: In a rehabilitation program in a medical setting a social worker used eco-maps with clients to picture their world before their accident or illness; this helped clients to objectify what changes would be made in their lives following hospitalization. It helped them to mourn interests and activities that would have to be relinquished and also to recognize sources of support and gratification that would continue to be available. The mapping encouraged anticipatory planning and preparation for a new life, consideration of appropriate replacements for lost activities, and possible new resources to be tapped, all of which could expand the client's horizons. This technique was not only useful with the patient alone but was very helpful in conjoint work with disabled persons and their families.

Retrospective use of the map tends to highlight changes in a client's life space that could have precipitated current difficulties. When families and individ-

uals seek help, a major question is always, "Why has the client sought help now?" A review of the changes that have taken place in the previous months may well bring to light shifts of which the client was quite unaware.

Recordkeeping and Measures of Change

A complete eco-map deposited in a case record is a useful tool to present and record a case situation. Not only does it tend to keep the total situation clear for the worker, it can also serve as a means of communication to others should a staff member have to respond to a client in the absence of the regular worker. A crisis walk-in center where case responsibility is shared by a team to provide extended coverage used the eco-map this way.

Finally, eco-maps can be used to evaluate outcomes and measure change. For example, a ten-year-old boy on a return visit to a school social worker asked for the map. He had made a new friend and wanted to put him on the map. The mother who had hung the map in the kitchen called her worker after two months of considerable activity on both their parts. She wanted to come into the office to plot another map so that she and the worker could look together at the changes. A comparison of eco-maps done at outset and at termination can help clients and workers measure the changes that have taken place. As such the maps can become an important device in maintaining accountability.

THE GENOGRAM

Families not only exist in space but also through time, and thus a second kind of simulation is needed to picture the development of the powerful relationship system. Not only is each individual immersed in the complex here-and-now life space, but each individual is also part of a family saga, in an infinitely complicated human system which has developed over many generations and has transmitted powerful commands, role assignments, and patterns of living and relating down through the years. Each individual and each family is deeply implicated in this intergenerational family history.

Just as the eco-map can begin to portray and objectify the family in space, so can the genogram picture the family system through time, enabling an individual to step out of the system, examine it, and begin to gain a greater understanding of complex family dynamics as they have developed and as they affect the current situation.

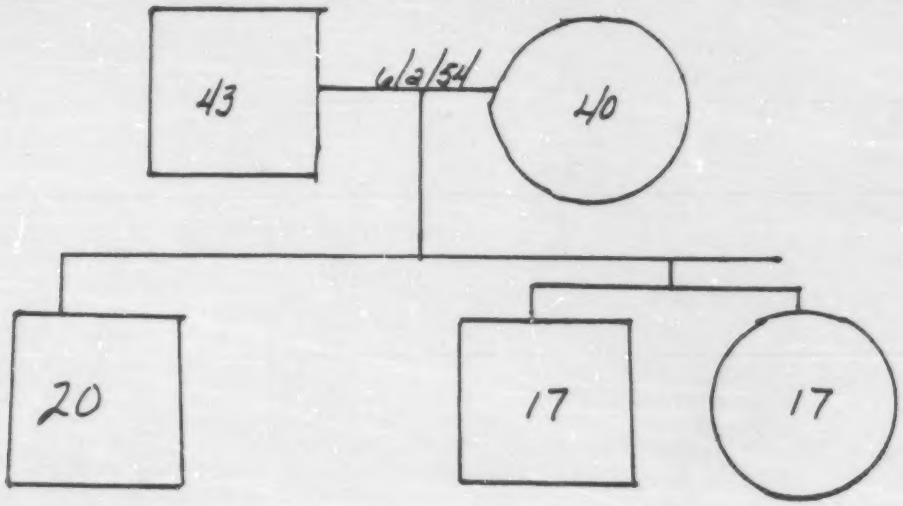
Instructions for Drawing a Genogram

A genogram is simply a family tree that includes more social data. It is a map of three, four, or more generations of a family which records genealogical relationships, major family events, occupations, losses, family migrations and dispersal, identifications and role assignments, and information about alignments and communication patterns. Again, all that is needed is paper and pencil. For most genograms, a rather large piece of paper is usually required. It is important for the genogram to be uncrowded and clear to make visual examination possible.

The skeleton of the genogram tends to follow the conventions of genetic and genealogical charts. As in the eco-map, a male is indicated by a square, a female by a circle, and if the sex of the person is unknown by a triangle. The latter symbol tends to be used, for example, when the client says, "I think there were seven children in my grandfather's family but I have no idea whether they were males or females." Or, "My mother lost a full-term baby five years before I was born, but I don't know what sex it was."

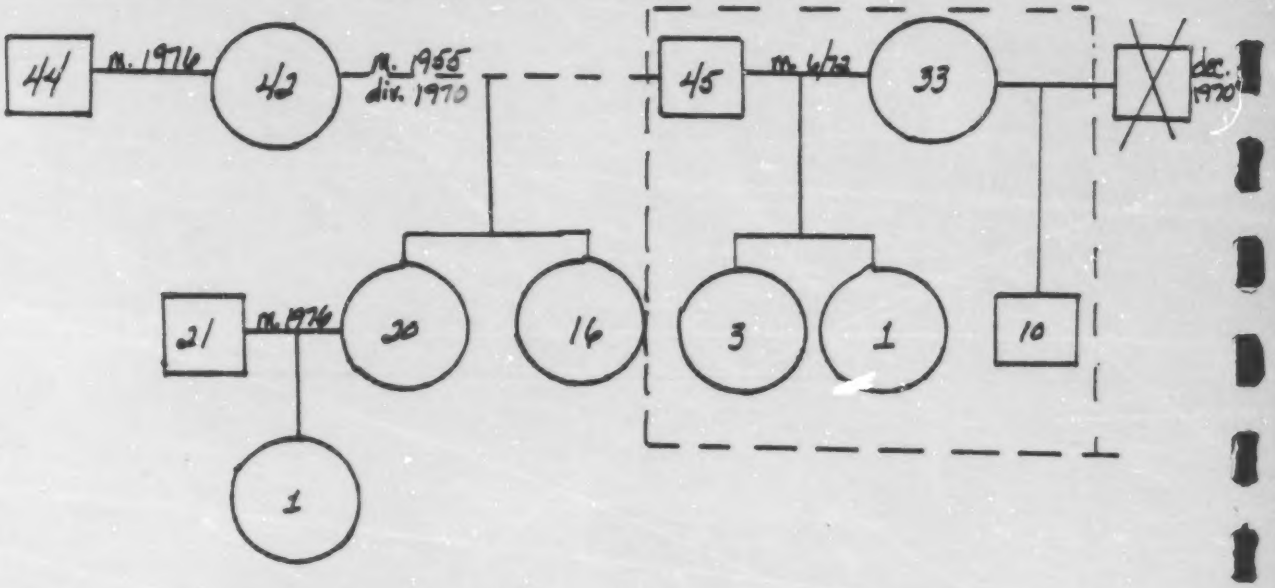
A marital pair is indicated by a line drawn from a square to a circle; it is useful to add the marital date, on the line. A married couple with offspring is shown as illustrated in figure 4. Offspring are generally

Figure 4



entered according to age, starting with the oldest on the left. The family diagrammed in figure 4 has an older son followed by a set of twins. A divorce is generally portrayed by a dotted line, and again, it is useful to include dates. (See figure 5) A family member no longer living is generally indicated by drawing an "X" through the figure and giving the year of death. Thus, a complex, but not untypical, reconstituted family may be drawn as shown in figure 5.

Figure 5

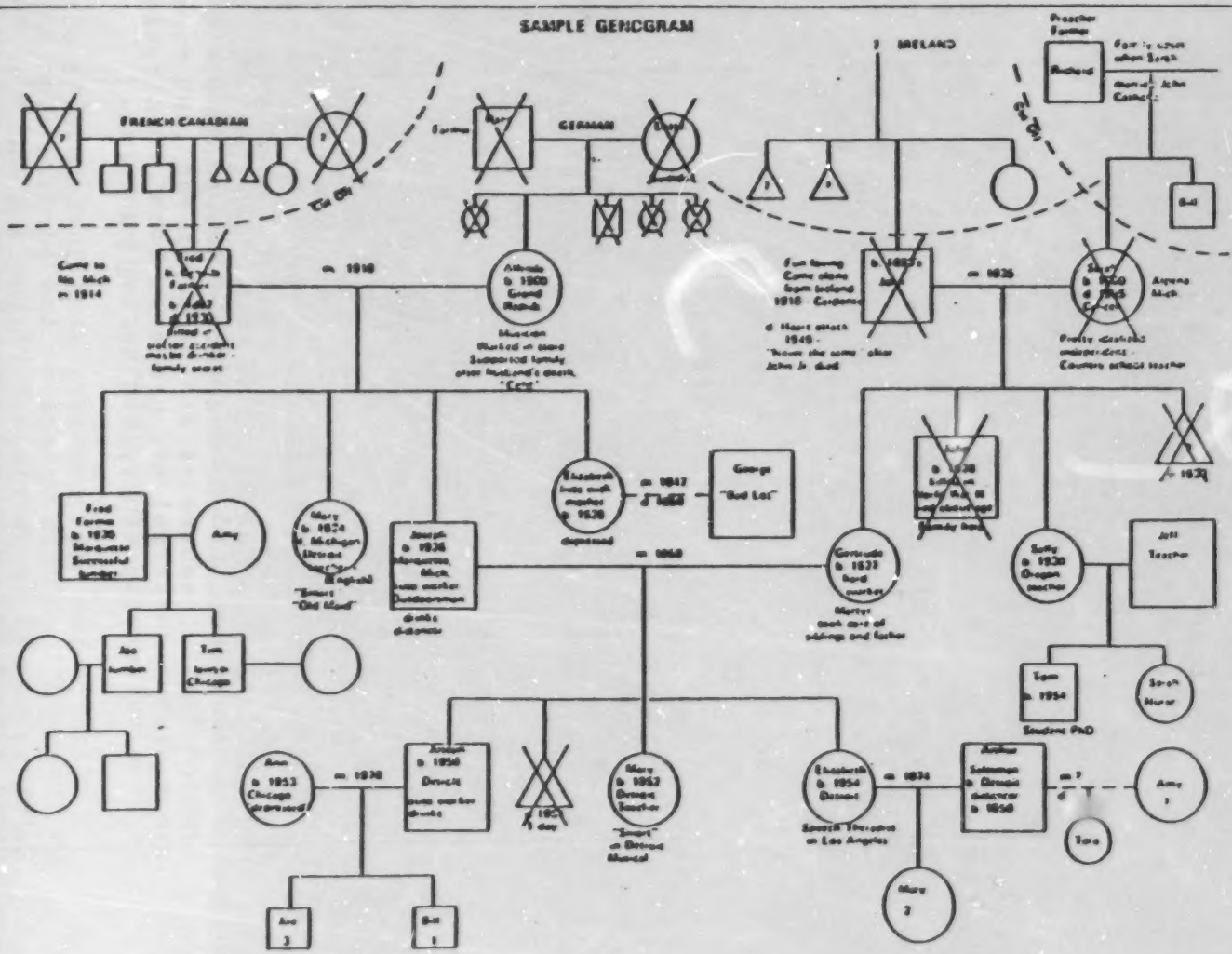


It is useful to draw a dotted line around the family members who compose the household. Incidentally, such a family chart enables the worker to grasp who is who quickly in complicated reconstituted families.

With these basic building blocks, expanded horizontally to depict the contemporary generation of siblings and cousins and vertically to chart the generations through time, it is possible to chart any family, given sufficient paper, patience, and information. (See figure 6) As one charts the skeletal structure of the family, it is also important to fill this out with the rich and varied data which portray the saga of the particular family being studied.

BEST COPY AVAILABLE

Figure 6



Many different kinds of information may be gathered. First and middle given names identify family members, indicate naming patterns, and bring identifications to the surface. In understanding where a client may fit into the family and what expectations and displacements may have affected the sense of self, a first step is to discover who, if anyone, the client was named after. Once this person is identified, it is important to discover what he or she was like, what roles he or she carried, and, perhaps most salient, what the nature of the relationship was between the client's parents and this relative.

Sometimes meanings and connections are not obvious and emerge only through careful exploration. For example, in charting a genogram with a young man who was struggling with identity issues and a complex tie with his mother, naming patterns were being discussed. The client's name was Tony; his American soldier father had met his mother abroad and, immediately after their marriage, the couple had moved to the United States. The move and subsequent political events resulted in the wife's being completely cut off from her family. The client, their firstborn child, was born a year after the marriage. When asked whom he was named after, he replied, "I wasn't named after anyone in the family - I was named after St. Anthony - the patron of lost objects." The symbolic meaning of Anthony's name to his mother became dramatically apparent: Tony was named after everyone in his mother's family!

Dates of birth and dates of death record when members joined the family, their longevity, and family losses. Birth dates indicate the age of family members when important events occurred. They indicate how early or late in a marriage a child came and the age of the parents at the birth. In a sense, birth, marriage, and death dates mark the movement of the family through time. In working with a client's genogram, it is helpful to discover all of the events that took place around his birth. Major losses experienced in the family around that time can be of particular significance. The tendency to use newborn family members as replacements for lost members seems almost universal and has even been institutionalized in some culturally proscribed naming patterns.

Birth dates also identify each individual's place in the sibship. This brings to the surface such potential roles as "older responsible," "firstborn son," or "baby". It is also relevant to discover who else in the family has occupied the same sibling position. Sibling position can be a powerful source of intergenerational identifications.

Place of birth and current place of residence mark the movement of the family through space. Such information charts the family's patterns of dispersal, bringing into focus major immigrations or migrations and periods of loss, change, and upheaval. Such information may also point to the fact that generations of a family have stayed within a fairly small radius except, perhaps, for a particular individual in each generation who moves away. If a client happens to be this generation's "wanderer," that could be a valuable piece of information.

Picturing the family's movement through space may communicate a good deal about family boundaries and norms concerning mobility. Is this a family that holds on or lets go? Further, the impact of world history on families often becomes evident as responses to war, persecution, westward migration, depression, industrialization, and even climatic or ecological changes are often seen in relocations.

Occupations and family members acquaint one with the interests and talents , the successes and failures, and the varied socioeconomic statuses that are found in most families. Occupational patterns may also point to identifications and can often portray family proscriptions and expectations.

Finally, facts about members' health and causes of death provide overall family health history and also may say something about the way clients see their own future. These predictions may well have some power of self-fullfillment.

This demographic data can take a worker a long way toward understanding the family system. However, gathering associations about family members can add to the richness of the portrayal. One can ask, "What word or two or what picture comes to mind when you think about this person?" These associations tend to tap another level of information about the family as the myths, role assignments, characterizations, or caricatures of family members come into the client's mind. Characterizations such as lazy, bossy, martyr, beautiful, caretaker, are likely to be offered, bringing forth reminiscences or stories that have become a part of the family biography and mythology.

Finally, cerain aspects of the family's communication structure can be indicated. Parts of the family that have been cut off become quite obvious because the client generally has very little information about them. Cut-offs can be portrayed by drawing a fence where the cut-off exists whereas tight communication bonds can

be demonstrated by drawing a line around portions of the family that form close linkages. It helps to keep things clear if a colored pencil is used to indicate communication linkages and cut-offs so as not to confuse these with the basic genealogical structure. Cut-offs are of particular significance as they are usually indicative of conflict, loss, and family secrets. Cut-offs generally develop to protect family members from pain and conflict, but they are usually indicators of unfinished business and may leave the person out of touch with important aspects of family and perhaps of self.

It is often found that a client doing a genogram will have considerable information about one section of the family, for example, the maternal grandmother's family, and almost none about other relatives. This uneven distribution of knowledge is significant in assessing communication and relationship patterns.

Use of the Genogram

The genogram is a classic tool for gathering and utilizing family data in any family oriented practice. No matter what the setting, if the individual is to be understood in the context of the total family system, the genogram can portray that system and move worker and client toward an understanding of the impact of that system and its relevance to the issues at hand. In counseling regarding marital and parent-child conflict, the routes or prototypes of these conflicts may well emerge. The use of the genogram in conjoint marital counseling can increase empathy between the marital pair and help each to identify the old family issues that have been displaced in the marriage.

In working with the aging, the genogram is an invaluable tool in life review. Elderly people can reminisce and organize memories but also, in working with the genogram, can experience themselves as a central link between the past and the futrure. This process expresses continutity and the generative process and illustrates that, although the individual's life span may be brief, the family's life reaches back into the past and on into the future. One residence for the aging encourages staff to meet with family members to teach them how to build genograms and help their aged relatives reconnect with their family saga. This sharing of the genogram has been an important experience for both the aged person and the younger family members.

Genograms have also been used in child welfare agencies. As part of an adoptive study, for example, the genogram may clarify why a couple experiences their family as incomplete and also brings to the surface considerations and plans concerning who an adopted child is intended to be. Charting a genogram with natural parents insures that, should family ties be legally severed, there would be a full family history available to the child in the future. One child care agency that regularly makes use of the genogram in adoption practice has found that often the experience of doing a genogram has been very meaningful to natural parents who see the process as giving something of themselves to the child. The issue of open adoption has yet to be settled, but, in the interim, the genogram can gather and keep available the kind of information adopted children often want.

In a hospital setting, a genogram can be used to gather an expanded health history. Such a history provides information about patterns of illness and health in a family: for instance, a paternal grandmother may have died of heart disease at thirty-eight while the maternal grandmother lived an active life to age ninety-four. Further, patterns of illness as well as attitudes toward illness and ill people may appear.

SUMMARY

The eco-map and the genogram are paper and pencil simulations that can organize and objectify a tremendous amount of data about the family system in space and through time. Such objectivity and visual portrayal can lead to new insights and to altered perceptions, of the complexity of human systems. Such altered perceptions may point to new ways of bringing about change, ways that relate to the complexity of human existance.

DIAGNOSTIC GUIDE

Thomas M. Sullivan, MD

Diagnosis

I. Individual
II. Interpersonal
III. Social and Cultural

Stress		Personality Make-up		
	+		=	Symptoms
(Present Environment)		(Past Life)		

I. Common stresses which may precipitate symptoms

1. Change in interpersonal relationships
2. Geographical separation
3. Physical illness
4. Illness or death in family
5. Change of responsibility
6. Financial pressure
7. Marital difficulties
8. Sexual problems
9. Pregnancy or birth of child
10. Stress associated with life period:
    a. Childhood
    b. Adolescence
    c. Adulthood
    d. Middle Age
    e. Old Age
11. Social and Cultural factors

Personality types which are vulnerable to stress

1. Attention-seeking
2. Passive-dependent
3. Withdrawn
4. Rigid or compulsive
5. Anxious or insecure
6. Depressed
7. Distrustful
8. Aggressive
9. Emotionally unstable
10. Antisocial
11. Hypochondrical
12. Target organ reactors

Most common psychiatric symptoms

1. Exaggeration of one's personality type
2. Anxiety
3. Depression
4. Psychosomatic symptoms

II. Marital Disturbances

1. Emotional illness of partner
2. Chronic hostility, friction, negativity
3. Lack of communication
4. Too immature to fulfill marital role
5. Unable to meet needs of partner
6. Partner adopts unearned role--dominance
7. Discrepancy of marital goals
8. Conflicting value system

Family Disturbances

1. Family divided into two hostile camps
2. Serious emotional illness of parent accepted by others
3. Loyalties remaining in primary parental homes
4. Confusing family communication patterns
5. Rebellion against community, primary families
6. External isolation--prejudice and suspiciousness toward outsiders
7. Family providers no security or emotional shelter for children
8. Poor complementarity or family balance--scapegoat
9. Pseudomutality or pseudohostility covering alignments or splits
10. External integration compensatory for fragmental interior family life.

Deviations from cultural norms in child rearing

1. Inability to fulfill parental role
2. Child rejection or overprotection
3. Lack of discipline of child
4. Primacy of parental needs
5. Child a pawn between parents
6. Parents stimulate sibling rivalry
7. Double bind of child's emotions
8. Acting out of parent's unconscious wishes
9. Increased mobility or educational aspirations for the child
10. Disparity between verbal expression and parental example
11. Parents poor sex-role models
12. Boy raised as girl--vice versa
13. Parents inculcate repugnance to sex
14. Sexual stimulation of the child
15. Jealousies between parent and child for other parent

III. Social and cultural stresses

1. Urban versus suburban living
2. Industrialization
3. Working and housing conditions
4. Mobility of family units
5. Minority group discrimination
6. Availability of basic necessities
7. Wars
8. Natural disasters
9. Value system conflicts

INDICATIONS FOR CONJOINT EVALUATION

1. Individual's difficulties a sign of family disfunction
2. Symptoms represent a distorted communication to family
3. To clarify reality
4. To open communication
5. Individual unable to tolerate one to one relationship
6. Give individual support with family
7. No improvement or stalemate in individual therapy
8. Discharge planning
9. Family interference with therapy or functioning
10. To diagnose family pathology, defenses, health trends, common goals
11. To climinate scapegoating and make family responsible

CONTRA-INDICATIONS FOR CONJOINT EVALUATION

1. Family defenses too strong
2. One individual overwhelms others
3. Family has no common goals
4. Too intense transference or counter-transference problems
5. Individual needs of members unmet by family session
6. To gather data on related intra-psychic problems
7. Member unable to communicate in family session

CONTENT ANALYSIS OF FAMILY INTERCHANGE

1. Topical reference
2. Person talking
3. Who initiates them
4. Theme
5. Clarity
6. Appropriate content
7. Commitment
8. Congruency
9. Intensity
10. Agreement
11. Relationships

OUTLINE OF PROBLEM-SOLVING MODEL - SHORT FORM*

Contact phase

I. Problem identification and definition
   A. Problem as client sees it
   B. Problem as defined by significant systems with which client system is in interaction (family, school, community, others)
   C. Problem as worker sees it
   D. Problem-for-work (place of beginning together)

II. Goal identification
   A. How does client see (or want) the problem to be worked out?
      1. Short-term goals
      2. Long-term goals
   B. What does client system think is needed for a solution of the problem?
   C. What does client system seek and/or expect from the agency as a means to a solution?
   D. What are worker's goals as to problem outcome?
   E. What does worker believe the service system can or should offer the client to reach these goals?

III. Preliminary contract
   A. Clarification of the realities and boundaries of service
   B. Disclosure of the nature of further work together
   C. Emergence of commitment or contract to proceed further in exploration and assessment in a manner that confirms the rights, expectations, and autonomy of the client system and grants the practitioner the right to intervene

IV. Exploration and investigation
   A. Motivation
      1. Discomfort
      2. Hope
   B. Opportunity
   C. Capacity of the client system

Contract phase

V. Assessment and evaluation
   A. If and how identified problems are related to needs of client system
   B. Analysis of the situation to identify the major factors operating in it
   C. Consideration of significant factors that contribute to the continuity of need, lack, or difficulty
   D. Identification of the factors that appear most critical, definition of their interrelationships, and selection of those that can be worked with

E. Identification of available resources, strengths, and motivations
F. Selection and use of appropriate generalizations, principles, and concepts from the social work profession's body of knowledge
G. Facts organized by ideas - ideas springing from knowledge and experience and subject to the governing aim of resolving the problem - professional judgment

VI. Formulation of a plan of action - a mutual guide to intervention
A. Consideration and setting of a feasible goal
B. Determination of appropriate service modality
C. Focus of change efforts
D. Role of the worker
E. Consideration of forces either within or outside the client system that may impede the plan
F. Consideration of the worker's knowledge and skill and of the time needed to implement the plan

VII. Prognosis - what confidence does the worker have in the success of the plan?

Action phase

VIII. Carrying out of the plan - specific as to point of intervention and assignment of tasks; resources and services to be utilized; methods by which they are to be used; who is to do what and when

IX. Termination
A. Evaluation with client system of task accomplishment and meaning of process
B. Coping with ending and disengagement
C. Maintenance of gains

X. Evaluation
A. Continuous process
B. Was purpose accomplished?
C. Were methods used appropriate?

*Taken from Social Work Processes by Compton and Galaway

MODEL FOR PRACTICE*

I. Data Gathering

A. Where do you get information?
B. How do you get information?
C. What are the facts?
D. According to whom?

II. Diagnosis/Assessment

A. What is your conceptual framework?
-analytic
-systems
-Humanistic psychology, etc.
B. According to that framework, how do you organize the facts?
-individual
-family
-larger systems
C. Preliminary Plans

III.. Intervention

A. When do you intervene?
B. What is the target for your intervention/why?
C. How do you evaluate your intervention?
D. What follow-up do you provide!
E. What component of your intervention focuses on Prevention?

*Adaptation of the problem-solving model by B. Stovall

LIST OF AUDIO-VISUALS

Child Abuse and Neglect: What the Educator Sees. Sound Filmstrip (Available from the National Audiovisual Center)

This filmstrip presents physical and behavioral indicators of abuse and neglect which children are likely to display in a school setting. Teachers and other educators have a unique vantage point for identifying and responding to abused and neglected children. Physical signs of abuse; signs of suspected neglect, and behavioral indicators are presented. The problem of sexual abuse is also briefly discussed.

Childhood Sexual Abuse. 16 mm Film (Available from MTI Teleprograms)

In-depth case studies of four victims of childhood sexual abuse are presented. The women describe their abuse experiences during a weekend reality therapy group, in an attempt to relive and begin to cope with their feelings about the abuse.

Double Jeopardy. 16 mm Film (Available from MTI Teleprograms)

Designed to sensitize helping professionals to the problems of the child-victim during the judicial proceedings. And the film's case histories demonstrate the benefits of the inter-disciplinary approach to dealing with sexual child abuse.

Incest: The Victim Nobody Believes. 16 mm Film (Available from MTI Teleprograms)

Three women who were victims of incest in childhood discuss their experiences and their reactions to the abuse. The methods each woman used to cope with the problem and the ways it affected her life are discussed.

Interviewing the Abused Child. 16 mm Film (Available from MTI Teleprograms)

Many facets of abuse are uncovered by the interviews: a five year-old reveals through play therapy the kind of violent mothering he has experienced . . . a physician discovers bruises on a child's back . . . a small boy is left home alone much of the time . . . a grade school child eats an inadequate diet and fails to attend school through neglect . . . a teacher finds out that a stepfather is sexually abusing one of her students.

Issues in Reporting Child Abuse and Neglect. Sound Filmstrip (Available from the National Audiovisual Center)

Discussion of the effectiveness of child abuse and neglect reporting laws and a variety of reasons why child care professionals may be reluctant to report cases. Interviews with various professionals suggest ways of minimizing reporting resistance and improving the system. The origin, purpose, and basic provisions of reporting laws are briefly described.

Medical Indicators of Child Abuse and Neglect Part 5: Sexual Abuse. Sound Filmstrip (Available from the National Audiovisual Center)

Describes the clinical manifestations of sexual abuse. The physical examination of a sexual abuse victim requires knowledgeable handling, understanding, and special sensitivity. Recommended procedures for performing the examination are outlined.

The Last Taboo. 16 mm Film (Available from MTI Teleprograms)

The long-term effects of sexual abuse are illustrated in a film which shows the experiences in group therapy of six women who were abused as children. Their experiences provide insight into the perspective of the child who is sexually abused. Through the therapeutic experience, the women gain insight into how the abuse has influenced the patterns of their lives as adults. Therapeutic techniques for working with adults who were sexually abused as children are noted.

Sexual Abuse of Children. 16 mm Film (Avaiable from Lauren Productions)

Protocol for criminal justice professions.

A Time For Caring. 16 mm Film (Available from Lauren Productions)

The school's response to the sexually abused child.

Who Do You Tell? 16 mm Film (Available from MTI Teleprograms)

Designed for children from seven to twelve years old, this film speaks directly to common fears of children -- who do you tell when you're lost? If your house catches on fire? If a friend has been severely beaten by her parents? If an adult gets too close and touches you in a way you don't understand? This film uses a combination of animation and live footage of children to explain that every person has a support system upon which she/he may rely.

Child Abuse: What Is It? Black and White ¾" Videotape (Available from George Warren Brown School of Social Work, Washington University)

A five minute stimulus tape

Sexual Abuse: The Family. 16 mm Film (Available from National Audio-visual Center)

An overview of intrafamily sexual abuse of children includes definitions of the problem, common myths, physical and behavioral indicators, family dynamics, and different approaches to the problem. (Raylene Devine, Children's Hospital Medical Center, Washington, DC, Henry Giaretto, Santa Clara County Sexual Abuse Program, San Jose, California and Bennie Stovall, Detroit Children's Aid Society discuss the problem and their approaches to it.) Family conservation is the primary treatment goal. A simulated demonstration of proper interviewing techniques with those involved in a sexual abuse case is presented, with emphasis on minimizing the trauma for the child. (Order No. 000612)

Sexual Abuse of Children. Color ¾" Videotape (Available from Texas State Department of Public Welfare, Educational Media Production Section)

A psychiatrist, attorney, social worker, and pediatrician participate in a panel discussion, which is divided into three units. The first unit is devoted to professional viewpoints on sexual abuse. Unit 2 explores decisions in casework and appropriate actions to take in a suspected child abuse case. The rehabilitative roles of each profession in the case management scheme is discussed in the last unit.

The Smiths: Engaging a Reluctant Family. Color ¾" Videotape (Available from the Department of Social Work, Eastern Michigan University)

This videotape focuses on engaging and the beginning assessment of a reluctant client family in a sexual abuse case. The videotape contains three segments; initial contact, initial interview with the parents and initial interview with the family triad. Questions for thought and discussion are presented at the end of each segment.

DISTRIBUTOR ADDRESSES

Department of Social Work
411 King Hall
Eastern Michigan University
Ypsilanti, MI 48197
(313) 487-0393

George Warren Brown School of Social Work
Washington University
Box 1196
St. Louis, Missouri 63130
(314) 889-6676

Lauren Productions, Inc.
PO Box 666
Mendocino, CA 95460
(707) 937-0536

MTI Teleprograms
4825 North Scott Street, Suite 23
Schiller Park, IL 60176
(312) 671-0141

National Audiovisual Center
General Services Administration
Order Section
Washington, DC 20409

Region V Child Abuse and Neglect Resource Center
UWM School of Social Welfare
PO Box 786
Milwaukee, WI 53201
(414) 963-4184

Texas State Department of Public Welfare
Educational Media Production Section
John H. Reagan Building
Austin, TX 78701

ADDITIONAL RESOURCES

*Exercises: Who Am I: Self-awareness

One Way, Two Way: A Communication Experiment

Dependency-Intimacy: A Feedback Experience

Sculpturing: An Expression of Feeling

Expressing Anger: Self-disclosure

Growth Cards: Experimenting with New Behavior

Not Listening: A Didactic Role Play

**Inventory tools/Handouts: Looking at Myself:
-Assessment Checklist
-Parents Anonymous Looks at Sexual Abuse
-Whose Fault

Looking at My Family:
-Assessment Checklist
-Teaching Children to Avoid Exploitive Touching
-Talking to your child about Sexual Assault

Looking at My Community:
-Assessment Checklist
-Planners Guide for Developing CSA Programs

Children's tool: My Body Belongs to Me:
-Handout for young children, Children's Aid Society, Detroit
-You Belong to You coloring book, Flint YWCA

*Available in Structured Human Experiences, by J.W. Pfeiffer and J.E. Jones, University Association, LaJolla, CA, 1973.

**Region V Child Abuse and Neglect, Resources Center, Center for Advanced Studies in Human Services, University of Wisconsin at Milwaukee, P.O. Box 786, Milwaukee, Wisconsin 53201

CASE STUDIES

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The following cases and suggested interventions were developed from actual child sexual abuse situations. They are intended as examples for consideration of practical application of material offered in this manual. The emphasis presented here is that prevention and treatment services may be provided in a variety of practice roles, to varying degrees depending upon the responsibilities of the role. The intent is to convey that in effective social work practice one should provide some aspect of prevention or treatment in cases of child sexual abuse. One case will represent a non-voluntary client, and the outreach techniques to engage. The second will focus on the client system already engaged and some specifics of a treatment process. Again, these case situations are presented as guidelines for practiced application of concepts and information shared concerning effective social work intervention in cases of child sexual abuse.

CASE #1: THE SMITH FAMILY

This case highlights a "family treatment" orientation for the protective services worker. The approach is dual in purpose; it is the traditional protective services investigation and at the same time, the contact is therapeutic, thus the process is referred to as a therapeutic investigation.* As a protective services worker you receive the following referral.

This referral comes to protective services via a suburban police department:

> Lydia is a 13-year-old white female who has accused her stepfather of molesting her. She claims the incidents have been occurring off and on over the last three-and-a-half years. The last incident (he touched her buttocks) occurred the Friday after Thanksgiving. Lydia says she has told her mother of these incidents, but her mother has done nothing. While visiting the maternal grandmother, Lydia told of the November 27th incident and the maternal grandmother reported it to the Police.
>
> The police, after questioning the child, parents and maternal grandmother, determined there was no evidence, but made a protective services referral. Lydia remains in the home. There are three other children in this home; a male age nine and two females five and three years.

Subsequent collateral contacts with the police confirm that Lydia had given a statement that her stepfather had been "touching and kissing" her. According to the police the parents deny all allegations. Their explanation is to blame Lydia for her "habit of exaggerating the truth", in order to

*Therapeutic investigation refers to concept developed by Bennie Stovall which suggests that all contact with a client or potential client population, should be made as the first of a part of a treatment process. Treatment refers to a process of intervention whereby an individual recognizes an area of "difficulty" and changes their behavior in reference to recognition. Thus a mandated investigation can be a part of the treatment process. If the helper is sensitive to needs of human beings, the helper will see this first contact as highly influential to client accepting help from others.

get attention. The police have closed their case but "told" the family that they would be "referred" for counseling.

After consultation with a colleague (planning a team approach) the initial contact with Mrs. Smith (mother) was via the telephone. The following conversation occurred.

Worker: "Hello? Mrs. Smith please!"

Mother: "Speaking! Who is this?"

Worker: "I am Mrs. S., a worker with Children's Protective Services. I'd like to make an appointment to come and talk with you and your family concerning the report your daughter gave the police."

Mother: (With obvious anger in her voice), "Why do you want to talk with us??. . .The police have closed the case!"

Worker: "I can understand your anger and concern about my contact; and you do have the right to refuse to see me. However, I have been informed that your family is having some difficulty with your daughter, Lydia, is that correct?"

Mother: "Yes, but we don't need to talk to anyone else about it!"

Worker: "I do think I understand what you are saying and I'd like to share something with you. . .First, I am a representative of Children's Protective Services, do you know what PS means?"

Mother: "Yes, but we don't need any!"

Worker: "I am glad you understand PS, because it probably means you also understand that in some situations children are victims of abuse and neglect by parents and/or care providers."

Mother: "Are you accusing me?"

Worker: "No, I am not. However, an allegation has been made, and under the Child Protection Law someone from Child Protective Services is required to talk with children and parents involved. Again, I want to stress it is for the safety of children who might be in danger. Since I do not know you or your children, I must talk with you as the law requires. Do you understand what I am saying?"

Mother: "Yes!! You said I have to talk to you, even if I don't want to!"

Worker: "Not exactly, if you refuse to talk to me, and you can refuse; I have no other choice except to involve others, like the juvenile court, simply so we can better understand the circumstances of this allegation."

Mother: "It still sounds like I have to talk to you and if I don't you're threatening me!"

Worker: "I apologize if you feel threatened, that is not my intention. I was merely trying to convey to you the importance of why I would like to speak with you. Can we arrange a time to talk when your husband and daughter are home?

Although still reluctant, Mrs. Smith agrees to a meeting.

This dialogue represents therapeutic outreach on the worker's part. The worker should anticipate reluctance or hostility, based on the fact that police terminated their involvement but "referred" the family elsewhere. The parents are probably feeling that no evidence for the police means nothing happened, therefore no need for help. In addition, a voice over the phone would be difficult for anyone to respond to considering the circumstances. Yet the phone call is very necessary as a part of allowing the client some space, a sense of control and certainly some respect through the courtesy of phoning ahead to arrange a time. This dialogue was also therapeutic because it set the "tone" of allowing the client to make some choices. It is true the choices are extremely limited, nonetheless, the client could choose to terminate the call, refuse to set up the appointment, etc. Again the worker was more invested in communicating the idea of help to the client than trying to "catch" the client, (which is the implication in unannounced home visits). Preventions in this case could be primary or secondary. The family has knowledge that "someone else" is involved and will probably be reluctant to continue previous behavior patterns. Finally, even over

the phone the worker was successful in "joining" mother. As the worker identified and acknowledged the client's feelings, the more engaged the client became in the communication process. This engagement facilitates the helping relationship, which encourages future behavioral changes and more long lasting prevention. This dialogue, although over the phone, represents the required kind of protective service contact to assist the family with obtaining the "ongoing treatment" relationship needed.**

**This case situation has been further expanded as a "role-play", and is available on ¾" video-cassette for purchase.

CASE #2: THE JONES FAMILY

This family was referred for counseling based on the information reported by a local high school counselor:

> Mary is a Black 14-year-old female who reported to her school counselor that her natural father has been sexually molesting her for the last five years. In the past he has had sexual intercourse with her, and he is currently propositioning her to do so again. Mary reported this to her mother and her parents separated for approximately one year. When the parents reunited, initially the father did not attempt to molest Mary. This has changed over the last few months and one week ago father approached her again. Mary was able to refuse him, but was very upset by the incident and reported it to the school counselor. The family has been in counseling previously, however the duration or intensity are unknown at this time.

HISTORY (At this writing the family has been seen six times)

The family constellation consists of the mother, father and three children ranging in ages from 10 to 14. This is the first marriage for both parents. Mr. and Mrs. Jones were married in Detroit, Michigan and have lived together continuously with the exception of one brief separation since that time. Both parents are currently employed, Mr. Jones is an insurance representative and the mother is a medical technician.

The mother is a 36-year-old Black female with brown hair worn medium length, brown eyes and a slim build. Mother presents much younger than her 37 years. She also presents a history of abuse within her family of origin with a dominant, abusive mother and a passive, dependent father. Mother left home at age 18 following the discovery that she was pregnant and married her current husband who is the father of the child. Subsequent to the birth of the first child, mother continued her educational program including participation in a college curriculum. Mrs. Jones also

presented a history of difficulty with parenting her own children, particularly Mary, who she describes as always having been a problem. The mother admits to abusive behavior in relation to the children in the past although, states that she has better control at this time.

The father, is a 38-year-old Black male, heavy-set with salt and pepper gray hair and brown eyes. The father presents in a guarded and superficial manner. He is currently employed as an insurance agent and is responsible for the primary financial support of the family. Father agrees with the mother's interpretation of the history of marital distress. He also presents a long history of alcohol dependency although this is apparently not to the point of addiction. He indicates that he has frequently thought about separation and/or divorce as an alternative to the frequent battles between he and his wife. At this point, he is somewhat unwilling to make commitments to either remaining in the marriage or separating.

The children in the home, Mary, 14 years old, John, age 9 and Sharon, age 11 all appear to be bright and articulate children bearing a strong resemblance to one another and their parents. The two youngest children appear to be reasonably well adjusted with appropriate peer relations and school adjustments, etc.

Mary, the fourteen year old daughter, is an attractive, adolescent female. She is currently in a grade and age appropriate educational program at New High School in Detroit. Her peer relationships appear to be minimal although she is involved with high school basketball program. During sessions with the family, the child has clearly been viewed as being over-involved with the marital sub-system.

The situation resulting in this referral occurred when Mary advised the counselor of the sexual activity with her father which had apparently been occurring for a number of years. Throughout the initial sessions, the family was expressing tremendous concern about whether or not the child should or should not remain in the home. Mrs. Jones frequently spoke of being so angry with Mary that she did not feel that she was in control. Mr. Jones has consistently maintained that Mary should remain in the home and not be punished for his inappropriate adult behaviors.

ASSESSMENT

At this point, the family has consistently been present for weekly treatment sessions. Initially, all family members were present although currently, the parents have accepted responsibility for generating major family system distresses through marital sub-system conflicts and are being seen in conjoint marital therapy at this time.

This appears to be a structurally intact, middle-class, family consisting of the parents and three children. The presenting problem is an extensive history of sexual activity between the father and his 14-year-old daughter. Additionally, the father presents a history of alcohol abuse and extreme martial distress. Based on a number of family sessions, initial impressions are that the family is extremely enmeshed with no apparent established family communication networks. The parents avoid open conflict with each other extensively by triangulating heavily on the 14-year-old daughter, and occasionally on the other children. The sexual abuse appears to have been occurring on a long-term basis with all family members consenting to the behavior. The current assessment indicates that the father has some investment in creating a situation which

would allow the mother to follow through with the divorce. At this point, placement of Mary outside of the home does not appear to be a major issue. The child is being detriangulated to some extent and is currently functioning in the sibling sub-system as opposed to her previous over-involvement in the marital sub-system. At this time, the parents have made commitments to on-going conjoint marital therapy and will be seen throughout the course of treatment by a male/female therapy team.

PROGNOSIS

Prognostic signs are positive for the detriangulation of the children from the marital conflict. The parents have shown good investment up to this point in terms of maintaining regular contact and have been able to demonstrate an ability to utilize and integrate insight around their respective conflicts. The prognosis for a successful resolution of marital issues is guarded and appears dependent upon the parent's willingness to remain in the marital situation. At this point, Mrs. Jones seemed far more invested in this resolution than Mr. Jones.

PLAN

The plan at this point will be to continue with weekly sessions with the parents for the purpose of:

(1) Exploring and defining the marital expectations.

(2) Facilitating decision making related to remaining in the marriage.

(3) To effectively detriangulate the children, specifically Mary and allow for a more appropriate resolution of marital conflict, and to establish marital and sibling boundaries.

(4) Conjoint marital therapy to be followed by on-going family treatment.

(5) Explore and define issues of family communication.

(6) Clarify issues of family sexuality and roles.

The long-term plan will be to facilitate a functional realignment of the parents in the parental and marital sub-system and to detriangulate the children and allow for participation in the sibling sub-system.

The reader will probably question the lack of focus on the incestuous relationship. Although not mentioned in the plan this will be covered as part of the "on-going" family treatment. It is important to remember that the incest is frequently a symptom, or a "cry for help" by the family. This "cry" is usually representative of many areas of dysfunction. Therefore, the therapist should assist the family in establishing priorities for intervention. In this case Mary became the messenger of her parents "difficulties." The plans to remove her from the marital sub-system should re-align other relationships in the family and thereby reduce the family's "need" to behave in dysfunctional ways.

REFERENCE READINGS

REFERENCE READINGS

The articles included here are intended to crystalize the various concepts identified as the "core knowledge". Instructors will find a variety of methods to use the material as a part of presentations, while participants will have a "handy" resource. The bibliography section should provide further assistance in acquiring reference materials.

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FATHER - DAUGHTER INCEST

Thomas M. Sullivan, MD

The occurence of incest in a family usually involves the father and daughter. This is only the surface manifestation of a serious family disturbance. Incest is an alternative to family conflict. It is a tension-reducing defense within a dysfunctional family which helps maintain the integrity of the family unit.

Incest as a symptom is an expression of pre-genital anger or dependency needs and is a method of reducing separation anxiety. The family dynamics usually reveal that the mother is more dominant and is emotionally more important to the daughter than the father who has a passive relationship with his wife. In these families, the daughter has been made to feel responsible to the family for keeping it together by any means. Yet, the child-rearing attitudes usually reflect parental permissiveness and inconsistency of discipline. There is a vicarious allowance of acting out and this is also seen in other instances of incest including the brother-sister variety.

A number of family factors are usually present which are commonly associated with father-daughter incest. Incest occurs: (1) when the daughter assumes the mother's role, (2) when there are sexual problems between the mother and father, including a heightened sexual tension in the father, (3) when the father acts out within the family to maintain a patriarchal facade, (4) when there is fear of family disintegration and abandonment, and (5) when there is conscious and unconscious permission of the incest by the mother.

The current family functioning usually reveals (besides the intrapsychic problems) many family, marital and child-rearing disturbances including social and cultural stresses. The trigger of the incest occurrence or its discovery may be (1) the father and daughter feeling that the mother has abandoned them, (2) a pregnancy or birth of a new child in the family, (3) the mother turning to the maternal grandmother, (4) the mother developing an interest outside the home, (5) the loss through death or separation of extended family members or other close relatives or friends, or (6) a physical, emotional, or social decline in the lives of the fathers involved. Incest occurs more often in families where there is an adopted child.

The external adaptation of the family to the community is poor in that internal defenses and not external reliance on others is used to handle problems. There is a public facade of role competence on the part of the parents which the incest defense maintains. This front affects their attitude toward therapeutic intervention in that these impulses could not be acted out beyond the family without jeopardizing this facade. There is a lack of rewarding relationships with other institutions and many times there is a suspiciousness or blame placed toward those of the helping professions.

Each family member has to be evaluated regarding their roles, strengths and capability of therapeutic intervention. The therapist should explore the current marital relationship and the role adaptation of both marital partners at the sexual, social and emotional levels including how each partner perceives the other's role.

These families have multiple violations of the generation boundaries. Many times there is dependency of the parents themselves, each parentifying each other so that the incest may represent an attempt to meet the parents' unmet, pre-genital, dependency needs. Sometimes there is a rivalry of the parents for the affection and loyalty of the child. The child may become a pawn between them. There may be jealousy between the parent and child for the other parent so that incest serves as a revenge by the daughter and father against the mother. Often, there is over-seductiveness and sexual stimulation of the children prior to the incest. The occurence of incest may also be a defense against feelings of sexual inadequacy on the part of the parents.

In general, the fathers in these families try to maintain a patriarchal facade but really do not provide for the emotional and material needs of the family. A few are separated from or have deserted their wives. Others are ineffective, non-aggressive, or dependent persons who use avoidance defenses and show little family responsibility. The IQ of the father is usually higher than normal. He utilizes intellectual defenses of rationalization, intellectualization and reaction formation as well as isolation and perhaps paranoid ideation. Sex as a rationalization to cover hostility is taught by the father to the daughter. These men have a poor psycho-sexual identification including problems of latent homosexuality and poor adult object relations. They relate sexually on a pre-genital level. Some manifest sexual psychopathology and others a pedophilic tendency. The latter choose the younger object in the dynamic of a child who is less demanding and is less able to reject them. The older daughter is usually chosen as the incest partner. The father's drives of affection and sexuality merge as incest and is rationalized by him as being the girl's initiation to love and sex. This fusion of drives may combine aggressive and sexual impulses or may contain sadistic elements. The father's drinking may be necessary to trigger the act. The consummation itself may promote nurturance or fear in the daughter or both.

The mother is often a cold, unloving hostile woman who rejects her husband sexually. She is collusive if she passively denies and accepts the incest. She herself might have a poor sexual identification and often projects her own latent homosexuality to the daughter indirectly by way of the allowed incest relationship. Many of these wives complain about their husband's lack of sexuality and problems of not giving them enough affection or foreplay. Too often the primitive, sexual expression of needs including mouth-genital demands or the sadistic problem of the father turn off the mother. She herself may have unfulfilled frustrated pre-genital needs and this perhaps makes her more demanding.

In most cases, the daughters maintain either a favorite or a scapegoat position. The latter may be a first-born child who came along during a period of hostility or frustration for the parents. The personality makeup of the

daughter as well as the parents usually combine a fusion of dependency, dominating and erotic needs. The daughter becomes a substitute for the wife as far as the sexual role is concerned. In the father's dynamics, the daughter may represent an old girlfriend, the wife when she was younger or an early giving mother figure. At times, the daughter is also somewhat responsible too for the incest by actively seducing the father.

In these families, the daughter is usually the object of the mother's hostility and has been given too much premature responsiblity in the maternal role. There is a true role reversal. She is placed in the role of wife and lover for her own father and this absolves the mother of the above role. She is frustrated in her relationship with mother and is drawn to father for love and affection. These girls have been orally deprived by mother and they are looking for attention. They are gratified by cuddling but are usually passive in the incestual act. To these girls, the father can become an identification figure and they are symbolically capturing his penis. To be a man for them is to be free from responsibilities which they have been burdened. In their anger at the poor maternal identification figure, their search for the male or wish to be a male may take on a homosexual form. In this theory, incest may be a homosexual fusion of the maleness of the daughter with the male component of the father or it may be an admixture of the homosexual female component of the daughter with the homosexual female component of the father. In this double fusion, incest becomes almost a defense for both parties against rendering them sexless or homosexual and, again, perpetrates the facade theory.

The relationship with the primary parental families is one in which the loyalties have often remained there. Incestuous acting out may be learned from the past environment. The grandparents may also continue to vicariously act out through these families in another violation of the generation boundaries.

In the father's family, his mother was many times absent or negative in her interaction in his early life. Thus, the father has difficulty relating his anger toward his own mother and frustrated oedipal wishes. The father's father was also hated or absent and so there was a poor relationship with both parents. To the father, his daughter in the transference becomes his own mother. There is a fusion of aggression and sexual oedipal love and the incest with the daughter becomes prolonged over time in the repetition-compulsion to work out this primary relationship. These fathers might be very hostile toward women in which case the incest only represents an inappropriate means of working out their oedipal problems.

The mother in these families has also been rejected by her own mother and, therefore, she is angry at women and the daughter becomes her own mother in the transference. The mother in the incest family also has oedipal wishes for her father. The incest represents her way to relate in her oedipal search for her own father by giving herself to her father in the projected form of the daughter to the husband. In this way, the mother maintains the denial that "I don't need men nor can men hurt me," and the husband becomes only the vehicle in this kind of projection. This oedipal problem with both spouses becomes more real in that the wife often to the husband becomes the forbidden mother figure and this perpetuates the same oedipal problems in himself and helps him escape to the daughter figure.

These family histories reveal that both spouses have left home early to marry to escape their parental environment. The maternal grandmothers pampered their sons and usually had one daughter who became a scapegoat. As mentioned previously, the daughter was made over-responsible and she sometimes developed obsessive or tomboy traits. This scapegoated daughter acted out the rejected role by marrying a partner who would reject her or that she could reject. It is interesting that the mother's mother remains close to her in a hostile-dependent bind in which she never does give the daughter gratification. In the incest family, the mother-daughter relationship becomes a replica of the above in which the daughter takes the grandmother's role in offering material goods to the mother or she assumes a protective role. The mother's hostile-dependency problems are also evident toward other women besides her own mother or daughter. Thus, the incest daughter is really a maternal introject for both parents.

A background history of this daughter usually reveals that the parents have been no help in her reality testing or superego development. In fact, the parents have promoted a superego lacunea. There is evidence for ego and superego deficits in both parents. The daughter is constantly checked as a child especially by the mother and warned about sex or the control of other drives. She is doubted, accused, left alone, left with other alternatives or a double image of her person is conveyed by other means. The parents may permit minor transgressions and also implicate her potential for serious transgressions.

The daughter feels no guilt for the act itself if the mother permits the incest collusively but it is present if the mother is against incest. In the cases where the mother is vicariously involved, there is no guilt on the part of the daughter until censure by the parents or an authority-figure after discovery. This is particularly true if the daughter is involved before adolescence. More guilt is evident in those who are involved during or beginning with adolescence. After discovery, the guilt is more a reflection of the daughter's anger toward the mother. The daughter's acting-out defense has also been taken away leading to depression, self-punishment, and perhaps masochism which are all introjects of hostility. After the discovery but sometimes before, the daughter has guilt and depression which is further acted out in order to win the mother's forgiveness. Other daughters who were asymptomatic before the discovery afterwards become permiscuous in an attempt to unconsciously bring back the lost father (in prison). Without treatment, they may develop learning difficulties, pregnancy fantasies, abdominal symptoms, neuroses, confused sexual identifications, perversions, or become afraid of sex.

In some families, the incest itself represents an acting out by the daughter of depression. In others, there is a pseudo-maturity of the daughter covering underlying dependency needs so that in therapy if these dependency needs like the acting-out defense are taken away, some of the daughters show guilt and anxiety if the home is disrupted after the incest is detected, since the main reason for the incest was to protect the dissolution of the family. Often the daughters, when examined after the incest is detected, show defenses of denial, repression and occasionally projection. Psychological testing reveals that the daughter saw the genital act as pregenital love and affection for her by the father. A basic anxiety of these daughters was fear, loneliness or being abandoned by the mother as a

protective adult. Many times, after the incest is discovered, the daughter is truly psychologically abandoned by the family and becomes more confused. After discovery, the mother may become angry at the daughter because the mother's super-ego is reacting to the "bad part" of herself which was projected unto the daughter to act out the oedipal wish. The mother may reveal the problem to other people or may utilize denial or moralistic punishment of the daughter by reacting with righteous indignation. The daughter is also angry at the mother and absolves the father after discovery because of the central dynamics. The daughter is really still searching for affection and a mother figure and continues to be ambivalent in her relationship with females, including foster home mothers if placed, toward whom she develops a demanding type of relationship. The daughters remain fond of their fathers; too fond to furnish proof against them in court.

The mother who condoned the incest rarely reports it because of her guilt and/or denial. She, too, does not want the family to break up or to have the father leave. The discovery of the acting out does hurt the fathers. They become depressed or guilty after the discovery that they may have hurt the daughter. The removal of the father from the home after discovery has led to family breakdown and continued symptomatology.

The treatment of incest family pathology, since it involves serious acting out, would include a family evaluation, including a psychological work-up of each family member. One of the long-term goals of casework or psychotherapy would be to repair the superego (lacunea) of the parties and to create normal guilt in those who have personality disorders. The parents have to be treated whether the child remains in the home or not. Early in therapy, the unmet oral needs have to be met by nurturance and affection as well as by the promotion of self-esteem in setting up individual and family relationships with the therapist. Early too, neurotic guilt and blame has to be neutralized or normalized as a short-term goal in order to engender the relationship. This is especially true for the daughter who does not view life with adult values. In the daughter, one works with her guilt by showing her that the incest grew out of her normal love for the father. After the oral phase, the ambivalence and hostilities of the anal phase are handled. For example, the girl is freed up to talk of anger toward mother for not supplying nurture. This leads to the phallic and oedipal level and the final resolution of anxiety and guilt. A long-term goal is to establish realistic relationships with all family members at all levels. This is realized when family members are not treated as objects of blame or fantasy. The oedipal phase is sometimes more threatening to the worker who may unconsciously keep the relationship at a hostile-dependent, more primitive level.

The community reaction by its prohibition of incest claims it is protecting family and individuals by separating the "guilty parties" but the symptom of incest is a defense against the disillusion of the family. However, too superficial a family appraisal may also play into the facade of family defenses. In regard to police intervention, the attitude of the family at the time of discovery toward the police may mimic their attitudes toward other helping agencies in the future. This attitude can be negative if guilt and blame roles are too readily assigned by the police or other authority or community persons. Police

records may also reveal previous family acting-out and buildups which could be a harbinger to suspect more serious problems. This is an area of possible early detection and prevention. The problem of not attaining police or court records on "victims" or "aggressors" can make diagnosis and therapy difficult. The slow adversary court process involving both the father and the daughter's cases may block a more rapid treatment approach.

In planning for the needs of these families both short and long-range goals should be considered. The removal of the daughter from the home needs guidelines. The family may remain "motivated" in some cases if the daughter is made a ward of the court. The process of incarceration of the father, including the legal procedure and trial, usually takes too long and cuts him off from the family and treatment inappropriately. The optimal situation would be to see the family members individually and together right away after discovery and to have all records available. The potential and the possibility of the man's release and return home quickly is another concern. The problem of handling the incestuous incident with the family is always challenging. Too specialized handling or punitive treatment measures which reflect the counter-transference occur too often. The point of disclosure or crisis needs positive therapeutic intervention. Access to all family members while defenses are lowered at discovery is crucial. Since incest is really a family problem, it is difficult to assign individual sick roles. Whatever the treatment method chosen the diagnostician must first consider the nature of the disturbance and the cause, the responsibility for this and for change, the possibility of change, the evaluation of the family as a whole, and the individual status of each member as well as their goals and values. One of the goals of family treatment, if this is the consideration, is to examine pathological motivation and goals and to get accustomed to dealing with sensitive topics. Since incest is a sign of dysfunction of the entire family, conjoint interviews may be helpful. However, contra-indications to family interviews would be too strong family defenses, scapegoating or that individual needs, especially oral ones, are too great. Child-rearing practices usually need discussion. However, a multiple-impact therapy with more than one worker assigned in either family or individual treatment may be the best therapeutic approach to these families. Problems can also occur if workers identify too strongly with individual family members.

Finally, incest occurs more frequently between fathers and step-children. A possible remedy against incest in these cases may include:

1) the legal adoption of step-children.
2) the children should not be used as pawns such as allowing previous partners to use them to sabatoge a re-marriage.
3) to relinquish the phantom father fantasy (step-parent fantasy may mimic the original parent fantasy), child support should be taken over by the step-parent if feasible.
4) the step-parents should also equally discipline all children living in the family.
5) the step-parents should be called "mother" and "father" and not by their first names.
6) the partners should have their own time away from the children and show normal affection in front of them.

SEXUAL ABUSE: THINGS TO LOOK FOR

(This article was abstracted from the Urban and Rural Systems Associates, URSA, Contract to Develop Child Abuse and Neglect Materials.)

FROM THE CHILD:

1. Regressive behavior--molested children (especially young children) may withdraw into fantasy worlds. Sometimes these children give the impression of being retarded when, in fact, they are not.

2. Delinquent or aggressive behavior--molested children (especially pre-teen and teen) often act out their anger and hostility on others.

3. Sexual promiscuity--the sexually molested girl or boy may be sexually promiscuous, and their behavior may become very apparent not only to the school, but to the entire neighborhood.

4. Confiding in someone--a molested girl may confide in a special friend or teacher. These confidences may not take the form of direct information about being molested, but may involve statements as "I'm afraid to go home tonight," "I want to come and live with you," or "I want to go and live in a foster home."

5. Poor peer relationships--molested children (if molestation has occurred over a long period of time) may not have social skills or are too emotionally disturbed to form peer relationships. The parent(s) has a vested interest in keeping them emotionally isolated. The child may have such a poor self image (the bad me concept) that it overshadows his whole existence.

6. Prostitution--the middle-to-older, molested teenager may turn to prostitution.

7. Extremely protective parent--in incestuous relationships, the parent involved may become exceedingly jealous of the child, often refusing him/her any social contact. The parent is afraid the child will tell, but even more afraid of losing the child to others. A father, for example, may pick up his teenager daughter at school every day, and become furious if he sees her talking to anyone.

8. Unwillingness to participate in physical recreational activities--young children who have been highly sexually stimulated or forced to have sexual intercourse with an adult, may find it painful to sit in their chairs in school, or to play games which require a good deal of movement.

9. Runaways--teenagers who have been molested sometimes resort to escape and run away from home.

10. Drugs--teenagers who have been molested may resort to escape through the use of drugs.

11. Confession--the child who has been molested may seek to report the offense. A number of incest cases where a teenager reports may be ficticious, but a thorough investigation should be made to determine the validity of the statement.

AT THE DOCTOR'S:

1. Bruises in external genitalia, vagina, or anal regions.

2. Bleeding from external genitalia, vagina, or anal regions.

3. Swollen or red cervix, vulva, or perineum.

4. Positive tests for either spermatozoa, pregnancy, or venereal disease.

IN THE HOME:

1. Prolonged absence of one parent from the home.

2. Loss of one parent through death or divorce.

3. Gross overcrowding in home--insufficient sleeping space.

4. Physical proximity.

5. Alcoholism.

6. Family members lack normal social and emotional contacts outside of the family.

7. Isolation--created by the remoteness of home to other homes (in rural areas.)

MY HUSBAND BROKE THE ULTIMATE TABOO

A shocking and poignant account of a mother's struggle to keep her family together after she discovered the crime that is much more common than we suppose.

As told to Judith Ramsey

It seems incredible to me now that for two years I did not know what was happening under my own roof. If you had asked me, I would have said that there was nothing unusual about us to distinguish us from any other typical middle-class family, never suspecting that beneath that pleasant exterior there were things going on that I never dreamed of, much less understood.

My husband, Bill, was an inspector for a small electronics plant in northern California and earned $18,00 a year. Along with our three children - Janice, who is now 16; Pete, 14; and 10-year-old Sally - plus two golden retrievers, a cat named Sam, and three hamsters, we lived in a rambling ranch-style house bought with a down-payment.

Looking back now I can easily see the signs that should have pointed to the truth - that we were in deep trouble. But I was in love with my husband, totally devoted to my children and happily involved in a demanding part-time job. Although I would have acknowledged that we had our problems - what family doesn't? - I told myself they weren't serious.

I met Bill, who is now 37, when I was a junior and he was a senior in high school in San Jose, California. After high school I enrolled in a junior college, but soon dropped out to marry Bill.

Even thought the early years of our marriage were tough financially, it didn't seem to matter because we were in love. Oh, our sex life wasn't the kind you read about in novels. Raised as strict Presbyterians, we were both virgins on our wedding night, and it never occurred to either of us to express verbally our sexual needs and desires.

Our family grew quickly. Janice's arrival was followed two years later by the birth of Pete and then Sally. I became involved with three small children and with running the household. Bill got a job as an assistant supervisor at a local electronics plant. As the years passed, Bill was given several promotions and ended up supervising three plants in northern California which required traveling back and forth a great deal. Somehow we seemed to be caught up in our own little routines, which is what I assumed was what happened to married couples when the husband climbs the career ladder and the wife presides over home and family.

Without doubt our greatest bond was our children. We wanted them to have the college education and career choices we had been denied. So when our littlest one went off to first grade, I got a job on the late afternoon shift in

the administration office of the county hospital. All the money I made went into a separate bank account for the kids' education. Even though it meant missing dinner with my family, I loved my job. In many ways I felt stronger, more competent, more sure of myself than I ever had before. Doing well at work, making new friends, dealing with the drama of hospital life did wonders for my ego.

On weekends I would prepare and freeze five stews or casseroles for the coming week. When Janice, age 13, came home from school she would set the table and put the defrosted dinner in the oven. Bill jokingly called her "Little Mother", and I was pleased that my eldest daughter was able to share in the family responsibilities.

At 13, Janice was startlingly pretty, with long dark hair, regular features and intense blue eyes. Her idol was TV scar Cher, and she spent hours practicing Cher's sexy walk and singing style. Popular with both the girls and boys, Janice already had an active social life and also excelled in her studies. From every standpoint she seemed to be an all-around girl.

Of course, we had the usual ups and downs, but nearly all of the time we worked out our family problems. Bill, who was very involved with the children, often took them on sailing jaunts and other outings on weekends while I stayed home. He rarely had to discipline them, but when he did set boundaries or reprimand them, it was with firmness tempered with affection.

In the winter of 1973 something traumatic happened to Bill which I now believe may have played a part in the events that followed. He was passed over for a promotion to executive status in favor of a younger man who had far less work experience. Impulsively he resigned and took a much-lower-paying job with another electronics company. Now, looking back with a different perspective, I realize what a shattering blow this was to his ego. If I had paid more attention, I might have given him the support and affection he so desperately needed.

Despite his robust build and hearty manner, Bill was and is an extremely shy and insecure man who has great difficulty in expressing his feelings and in making new friends. Even after years of marriage, it was impossible always to know what was on his mind.

The first suggestion of trouble came when Bill's attitude toward Janice changed radically. Suddenly he became critical and argumentative with her, but not with the other two children. Janice didn't help matters. When she was confronted by Bill, she would resort to sullen silence or burst into tears and storm out of the room. In the years when Janice was 13 to 15, there seemed to be virtually nothing that she and her father could agree on.

"You were out too late last night", he complained one morning at breakfast. "I expect you home by 10 P.M. on weeknights." Even I thought his anger was excessive for the situation.

"But Dad," Janice replied in her newfound whiny voice, "all the girls stayed out until 11:30. We went for ice cream after the play rehearsal."

Bill's voice rose a little. "Maybe you should cut down on your extra-curricular activities and spend more time on your schoolwork." Janice, I should add, was an A student and had excellent study habits.

A few days later trouble erupted again. Janice came down to breakfast dressed for school in jeans and a T-shirt. Bill exploded. "I won't have my daughter walking around looking like a little slut." Janice gave him a contemptuous look and flounced out of the room.

When Janice and a date strolled in a 1 A.M. after a dance, Bill was waiting up for them and forbade her to see the boy again.

I was genuinely puzzled by the conflict between them. I wrote it off as tension resulting partly from Bill's setbacks with work and partly from Janice's evident signs of adolescence. No longer a winsome child, she was developing full breasts and hips and seemed brimming over with physical and mental energy.

The whole family sensed a change. Janice became unruly and Bill couldn't seem to discipline her. Her grades dropped and she started spending more and more time alone. When I made a few attempts to find out what was wrong with her, she would withdraw into a pained silence. As for Bill, he behaved as though he were embarrassed.

Then, on January 12, 1976, my secure little world suddenly caved in without any warning. The day is forever framed in my memory. The beds were made, the cleaning was done, the laundry was in the dryer and I was in our bedroom getting ready for work. Disaster came in the form of a phone call from the local police station.

"Mrs. D___, your husband has been booked on suspicion of lewd and lascivious behavior; there's more to it than that. You'd better come down here right away."

Bill arrested for lewd and lascivious behavior, for something so dreadful that the police officer wouldn't even tell me over the phone! There must be some mistake.

The ride to the police station was a nightmare because I couldn't concentrate on my driving. I tried to tell myself the whole mess would be straightened out, that somehow there would be a plausible explanation. But when I arrived and was ushered into a room with Bill and a police officer, one look at Bill's haggard face and the officer's grim expression told me that something terrible had happened.

Without trying to soften the blow, the officer said bluntly: "Mrs. D___, your husband is being held on suspicion of having had an incestuous relationship with your daughter Janice. She confided to a teacher at school, who reported the situation to us. Your daughter has been taken to the Children's Shelter for protective custody, where she will remain for at least a week. You should know that your husband has confessed to the crime and will be arraigned and moved to the county jail until a trial date is set. You may want to call your lawyer about posting bail, but on no account may your husband return home."

For the first time in my life, I almost fainted. *Bill and Janice involved in an incestuous relationship?* Incest was a strange and frightening word to me, a word whose meaning I barely understood, a word that was associated with the ultimate sexual taboo.

Through my shock and disbelief I stared at Bill.

"Betty, it's true." He broke down and wept. "I deserve to be punished. I guess you'll never want to see me again."

"How *could* you?" I screamed at Bill. Inside I seethed with conflicting emotions: Anger, even hatred toward Bill for what he had done and (surprisingly) some pity as well; guilt and fear for Janice (and some jealously, too); concern for our other two children; and most of all an overriding terror that our family might fall apart. I recalled years ago I had said to myself that if any man ever molested my daughter, I would attack him with my bare hands. Now the nightmare was real and the molester was my husband.

When I got home I had to conceal my shock and grief so as not to alarm the two younger children. From my careful questioning, it became clear that they had no idea what had been going on. I simply told them that the situation at home had become so tense that a social worker had suggested that Bill and Janice live apart from us for a while. On the surface at least they seemed to accept this explanation.

"Gee, I'm going to miss Daddy and Janice," piped little Sally, which almost reduced me to tears.

That night as I lay tossing and turning in bed unable to sleep, a vision of Bill and Janice together flashed through my mind. I put my hands over my eyes in an effort to blot out the image.

Why did he do it? Was there some terrible defect in my husband's character which had eluded me for 17 years? Was it because Janice, unaware of her budding body, aroused him as she pranced through the house, wearing tight pants and braless tops? I was about as well-informed about incest as the average middle-class American, which meant that I though incest occurred only in very poor or disadvantaged families. I blamed it on drinking problems and other character disorders and believed that such offenders belonged permanently behind bars.

Other questions flooded my mind. Bill had been picked up at work -- would he be fired? How would the children and I manage if his salary stopped? And how would our friends and neighbors react if the news got around? I could not think of a single reassuring answer to these questions.

The next morning the juvenile probation officer telephoned to arrange an interview with me that day. When we met, there was little I could say to explain what had happened. The probation officer said I could visit Janice the following afternoon. To prepare me she mentioned that she would be present during the meeting. I learned later that this is done because some mothers in my situation, who are afraid of losing their husband's paycheck, try to get their daughters to change their story and to drop the charges.

Janice was sitting alone forlornly in the visitors' lounge of the shelter when we arrived. Her face was puffy from crying and there were huge purple circles under her eyes from lack of sleep. I held her close, smoothing back her damp tangled hair just as I used to do when she was very young and had hurt herself or become ill.

"Oh, Mamma, it was so awful!" she sobbed. "It's been going on for two years. I wanted to tell you, but Daddy said that he would be arrested if anyone found out, and I was afraid you wouldn't forgive me."

Trying desperately to conceal my grief, I merely said, "Oh, darling, of course I'm not angry," my voice cracking. "We'll talk about it at another time. Everything's going to be all right. You'll be coming home soon. Daddy is in jail now because he broke the law. But I know he loves you and me and deeply regrets what he's done."

As I held her, I felt a growing sense of outrage toward my husband. I wondered whether Janice and Bill could ever have a normal relationship again. What could I do or say, I thought to myself, to protect her from the horror of this experience, to restore her capacity to respond to a man. Someday she would meet a man she would love. I didn't want her to feel shame and self-loathing when he touched her.

After we left Janice, the juvenile probation officer informed me that she had already contacted the Santa Clara County Child Sexual Abuse Treatment Program, a unique counseling service that handles families torn apart by incest. The program is administered by the Juvenile Probation Department, the agency responsible for protecting the child victim. Unlike other programs around the country, this service attempts to help not only the young victim but also to rehabilitate the entire family so that in many instances the father can return home. Even if the father is in jail, he is allowed to attend individual, family and group sessions which are held at the treatment center.

We drove to the county jail to see Bill, who was scheduled to be released on $5,000 bail and planned to live with his widowed uncle.

"What happens now?" Bill asked. "Will you and the children ever see me again."

"That depends in part on you," I replied. "If you agree to join the treatment program, perhaps we'll find out why this occurred." He nodded silently.

I was given an appointment two days later to see Henry (Hank) Giarretto, a marriage counselor and therapist who is director of the program. I fidgeted in the chair facing him. There was an awkward silence. Then I blurted out, "Why did he do it?"

"No one can say for certain why a man turns to an incestuous relationship with his daughter," Giarretto replied. "It's clear that incest can occur in any family if the right combination of circumstances exists. Ordinarily there is poor communication between husband and wife and little display of real affection. Often something happens to make the husband, who may already be shy and insecure, feel even more threatened. Perhaps the wife gets a job or goes back to school, or he suffers setbacks at work."

"Sometimes the couple have sexual problems, but more often it's the need for emotional nurturing, combined with low self-esteem, that makes certain men commit incest."

"For incest to occur, it is also necessary for father and daughter to spend considerable time along together. In your husband's case, you'll learn more about what happened when you and Bill get deeply involved in therapy."

Giarretto explained to me that incest is far more common that most people would care to believe. Nevertheless, I felt an enormous humiliation at the prospect of participating in a program with others who were in situations similar to ours. Yet I had no choice -- the Santa Clara County program was our family's only hope.

The few studies made of incest suggest that unless both the offender and the victim are discovered and treated, there is a tragic double too. Even though he usually suffers feelings of shame and self-hatred, the molester may become increasingly enmeshed in a sexual relationship with his child, sometimes turning to younger children in the family as they reach puberty. In many instances, the victim of incest, overwhelmed by shame and guilt, grows up to have marked personality disturbances and may be unable to fuction adequately in a normal sexual relationship later on.

The Santa Clara County program, which I joined, included a women's group. All the members had experienced incest in their families. We met once a week at the treatment center to talk about feelings, to share our experiences, and to offer one another both practical and emotional support.

At my first session, a pleasant-faced woman of about 45 described how, after her husband had seduced their eldest daughter, he had introduced the younger boy and girl into sexual activity. "When I first found out, I thought I'd lose my mind. But you don't; you find inner resources."

A striking young brunette spoke: "I was raped by my father when I was 10. It has taken me 15 years to come out and say so. Can you imagine the pain and suffering I experienced?"

Much to my surprise I found myself blurting out, "I learned recently that my husband had been having sexual relations with my 15-year-old daughter for two years. I don't know how I'm going to get through the next few weeks."

Immediately three of the women responded by giving me their telephone numbers. One of them said, "Don't hesitate to call at any hour if you need to hear a friendly voice." A few days later when the problems I faced seemed to be overwhelming, I rang her up at 1 A.M. and we spent an hour on the phone until I had calmed down.

In the weeks that followed I moved dazedly through the motions of preparing meals, shopping, doing housework and working at the hospital. I switched to a daytime shift so that I could be with the kids for dinner and bedtime. I learned to cope with details that Bill had always taken care of since our marriage. And I spent as much time as I could with Janice.

I could no longer meet close friends and listen to their talk about their children and husbands without feeling pain and bitterness. My greatest fear was that the younger children would find out. I soon learned who our real friends were. When I confided in Bill's own sister, she stopped calling. On the other hand, John and Pat Levy, our friends and neighbors of many years, whom I took into my trust, invited my three kids to share all their summer activities.

When Bill's case came up, he was sentenced to six months' imprisonment, a relatively light term because he had voluntarily agreed to enter the program. Another blow came when Bill was told by his boss not to apply for his old job after he was released from jail.

Somehow, slowly, with the help of Hank Giarretto and Dorothy Ross, the program's coordinator, I began to find a new equilibrium. I started to shed my bitterness and see incest as a family-related disorder requiring treatment.

In my therapy sessions with Bill, we tried to fit together the pieces of the past to make some sense of what had happened.

"My mother was possessive and domineering and never let me do the things I wanted," Bill recalled. "Later on I was painfully shy with girls and couldn't talk to them easily. Unless I was really sure that a girl like me, I would be afraid to ask her out."

"Our marriage was quite good, it seemed to me, for the first few years. But then as the kids grew older, you retreated into your own world, especially when you went back to work. Then, just when I was passed over for a promotion, you started doing really well, which left me feeling put down."

I nodded slowly as I was finally beginning to comprehend. Part of the trouble had been my lack of understanding Bill's great need for nurturing, which had made him turn to someone he knew loved and admired him, his 13-year-old daughter. This by no means excused what he had done. The program had taught us that having sexual feelings for a child is not unnatural; it is the expression of these feelings that's unnatural and harmful.

Gradually the pieces of the story fell into place. While I was at work and the two younger children in bed, Bill and Janice would curl up on our comfortable overstuffed couch in the den and watch thrillers on TV. As the weeks passed, he often stared at Janice, who was developing into an attractive woman. Janice, who had been raised on the seductive behavior of women on TV programs and commercials, imitated all the provocative gestures she had seen them use in order to gain her father's attention and affection.

One night Bill reached out to touch her. She resisted a little but was more confused than repulsed by her father's actions. "I love you," he told her. "I'd never hurt you."

Over the year he grew more persistent, starting with caresses, moving to foreplay and finally to sexual intercourse. Both of them were overwhelmed by guilt and shame, but Bill couldn't seem to stop what he was doing. He warned Janice never to tell anyone because he could go to jail if he were found out.

So Janice kept her terrible secret, railing at her father in every other way, refusing to be disciplined. Finally one day when a favorite teacher reprimanded her for flunking an exam, she cried, "What happens to girls who have sex with their fathers?"

Naturally the teacher was appalled by the ominous implications and, not knowing what else to do, called the police. From that point on, the law took over, and luckily for us, steered us to the counseling service.

One thing is clear. Without the support and encouragement of the women's group, I would not have had the courage to tell this story in all its painful and shocking details. I have done so to help other parents recognize signs of impending trouble in their families and to do something about it before it's too late. I also want to reach out to the people who have been either victims or offenders in incestuous relationships and urge them to seek professional help.

To say that I've completely conquered my bitterness is untrue. I shall never completely get over it. The tragedy of incest is that it afflicts an entire family and leaves terrible scars. Janice, while having made a good adjustment in therapy, is going to have to repeat a year in school. The two younger children, who now know that their Daddy is in jail - though they don't know for what reason - have become frightened and shy and are now seeing a therapist. After Bill's paychecks stopped and the lawyers' fees were taken care of, we had virtually used up our savings. To add to our money worries is that fact that, with his jail record, Bill will have a rough time getting a responsible, high-paying job.

Out of this misery some positive things have come. Bill and I have a new understanding. And he is grateful that I did not close my heart to him. Early this spring Bill will be released from jail, and he is coming home. The children -- even Janice, despite some wariness -- look forward to his return.

In all honesty I'm not sure how I will feel at first when I resume sexual relations with him. Nor do I know how I will feel when I have to leave Janice and him alone. He tells me that nothing will happen, and I want to believe him. Hank Giarretto reassures me that of all the 400 families who have successfully completed the program, there has not been a single recurrence of incest.

With the help of competent and concerned therapists we are struggling to put our lives back together. Sometimes I have had moments when I wonder whether we are going to make it. But most of the time I am buoyed by the knowledge that if the hell my family shared didn't destroy the love we all have for each other, nothing will.

(EDITOR'S NOTE: *The family in this article does not exist but is a composite of a half-dozen families interviewed through the Santa Clara County Child Sexual Abuse Treatment Program. The staff members, however, are real people and their real names are used.*)

CHILD MOLESTING

Charles H. McCaghy, Ph.D.

If one were to undertake the task of describing the most despised men in the civilized world, somewhere in that company would be included child molesters. Few bear as much opprobrium from society as do adults who derive sexual gratification from children. The general public calls them "sex fiends," "dirty old men," "perverts," "sick," etc. The fact that there was cooperation by children in sexual encounters is no legal defense; even if a child should initiate the behavior, any positive response by the adult makes him liable for prosecution.

Once the child molester is convicted, the courts display little sympathy in sentencing; molesters are more likely than other sex offenders to be committed rather than placed on probation. In many states having "sex psychopath laws" the probabilities are high that convicted molesters will be required to undergo a psychiatric examination to ascertain whether they are "psychopathic" or "sexually deviated," and hence in need of "treatment" on an indeterminate basis, possibly leading to more lengthy confinement than a prison sentence would have been. Since many psychiatrists consider sexual contact with the underaged as strong, if not absolute, evidence of mental abnormality, chances are good that molesters will acquire the odious label of "sex psychopath" and, depending on the correctional facilities of the state, may or may not receive the treatment they presumably require. When molesters reach prison they find that even in a society of criminals they occupy a pariah status and are in physical danger from the other inmates. There is no one more hated or of lower status on the prison social scale than the child molester.

Public distaste for child molesters has resulted in some positive actions, however. Nearly every "how to do it" manual on protecting oneself from crime contains a section with advice on supervising and teaching children to avoid molesting situations. Several neighborhoods and school districts across the country have activated programs, variously known as Helping Hand, Block Mothers, etc., whose primary purpose is to provide responsible adults to deter potential molesters from approaching children at play and while going to and from school. There are also instructional films available to schools and parents' groups, the most popular of which is the Society for Visual Education's "Patch the Pony" with the message: Nay . . . Nay . . . from strangers stay away!!!

The Special "Logic" of Sex

Reactions against sexual contacts between adults and children stem from several assumptions about the nature of childhood and about sexual behavior in general. Childhood is considered a state of innocence characterized by a lack of experience, an inability to perceive con-

sequences, and an inclination to absorb indiscriminately all events impinging on the senses. In short, there is an absence of responsibility because children lack judgment and moral sense. The state recognizes this deficiency of responsibility when it deems that children can neither enter into contracts nor commit crimes, that they should be objects of solicitude not targets of retribution.

In any society, modern or primitive, there are rules protecting children, including some measure of protection concerning children's availability as sexual objects. Although societies differ according to the degree of protection offered, it can accurately be said that no society permits unlimited sexual access to its children.

Besides being an expression of concern for children's welfare, the extreme negative reaction against molesters in the United States derives from attitudes toward sexual behavior in general. For example, the word "unnatural" is a term applied to sexual behavior alone. On the other hand, embezzlement involving tens of thousands of dollars is seen as "illegal" or "unethical," but never "unnatural." Business frauds which bilk the public out of millions never go to a mental institution for their behavior, for it is not "unnatural." Furthermore, it is part of the folklore that the mark of a man's character is in his sexual inclination. Those with a penchant for the "unnatural" are condemned not only for their actual behavior but also for what they *might* do. There is an aura of risk about them; people believe that those who enjoy pornography are more likely to commit sex crimes, that homosexuals cannot be trusted in security positions or with children, and that molesters are potential killers.

Another aspect of American attitudes which compounds the reaction against molesters is society's reluctance to acquaint children with sex. A child cannot learn too fast to read, to count, to be neat and industrious. If there is any one area of knowledge or experience to be delayed, it is that of sex. The boy caught playing with himself and the girl discovered in a game of "doctor" are due for severe reprimand, probably with little explanation. Sex education in schools meets extraordinary resistance in many areas. Children may daily view representations of murder and mayhem without interference, while naked genitals are probably blamed for more moral disintegration than all acts of violence and fraud combined. The possibility that their children may see an adult penis is a foreboding prospect for many American parents, largely because they have been unable to face sexual realities with their children.

Regardless of one's views toward sex in general and child molesters in particular, the beliefs of many Americans about these matters foster fears and reactions toward molestation which are unfounded and misdirected.

Extent of Molesting

Crime statistics on any offense are of questionable validity for telling us the actual extent of such behavior, but statistics on molesting are practically nonexistent. Most national statistics on crime are

derived from compilations by the FBI published annually under the title "Crime in the United States." These data are of no value in estimating the extent of child molesting since they provide no breakdown concerning the offenders' or victims' ages. Even if such information were available it still would be based on "crimes known to the police," that is, only those offenses reported to the authorities.

A recent attempt to gauge the amount of molesting in the United States was made by Sol Chaneles, project director of a child victim study for the American Human Association. Chaneles found from court and police records in New York City that 52% of all sex offenses were committed against children; by assuming that only 10% of all such crimes are reported he estimated a yearly incidence of over 360,000 molesting offenses nationally.

Chaneles' estimate is of doubtful value for a number of reasons. In the first place, he defines children as aged 16 and under. Given the increasingly earlier physical maturity of the American famale, the worldliness of youth in general, and the purposeful pursuit of sexual involvement by many teenagers, it is problematic whether many 14- through 16-year-olds are "children" in any sense other than by legal definition. Furthermore, Chaneles does not make clear whether he has distinguished between offenses involving adults and children and those involving children and children. If he has not, sexual contacts between contemporaries scarcely seem to qualify as "child molesting" in either a legal or a scientific sense.

An earlier but more meaningful attempt to estimate the incidence of molesting was that of Alfred C. Kinsey and his associates in their studies of sexual behavior in the late 1940's. Kinsey found that 24% of his female sample had been approached during preadolescence (ages 4 to 13) by adult males at least five years older who made or tried to make sexual contacts. But even this estimate is inadequate since the sample does not include Negro females and generally underrepresents lower economic groups from ghetto areas. Kinsey suggests, however, that the inclusion of these groups would have probably increased the percentage of incidents.

John H. Gagnon, in a later analysis of the Kinsey data, estimates that 20 to 25% of middle-class and 33 to 40% of lower-class female children experience some type of molesting offense. Adding to the uncertainty of the extent of molesting in the United States, however, is the relative lack of plausible estimates concerning molestation of underaged males. Judson T. Landis, in a study of 1800 university students, found that 30% of the men and 35% of the women had childhood experiences with sexual deviates. More than half of the girls' experiences were with exhibitionists and about 84% of the boys' were homosexual overtures.

Violence

The molesting offense which society dreads most is that in which the child is not only sexually assaulted but is also physically injured, perhaps to the point of death. Few acts provoke the public outrage that

arises from a violent sexual attack on a child. Although many writers on the subject use examples of such attacks to attract reader interest, the emphasis on violent incidents is far out of proportion to their actual number. All studies on molesting are in agreement that force or threats are rare, especially in the case of homosexual offenses, and that excessive violence is limited to probably no more that 3% of all types of molesting offenses. Since it appears that the violent offense is more likely to be reported to authorities, that figure is undoubtedly an inflated one. The proportion of adult-child sexual contacts involving any type of coercion, including threats, probably does not exceed 15%. Most offenses are limited to brief exhibitionism or caressing.

A partial explanation for the low incidence of force in molesting can be found in the characteristics of the victims. Children by their very nature are ideal victims for a sexual offense. They are naive and impressionable; an adult can easily elicit cooperation from them merely by arousing their curiosity. If they prove resistant to suggestion, compliance can be gained by promises of reward or by an authoritative stance on the part of the adult. If all else fails, harsh words and anger may suffice to overcome reservations. Because children lack strength, experience, and understanding of social norms, it is not surprising that coercion is seldom used. It simply is not necessary.

Another aspect of the victim's moderating the use of force comes to the attention of researchers whose main interest has been the effect of the offense on the victims. They have found that many children involved in prolonged sexual contacts actively encourage or participate in the offenses to such an extent that a clear delineation between the "attacker" and the "victim" is impossible. Researchers' explanations for this phenomenon are generally consistent with the conclusions of Lindy Burton that such children's participation in sexual contacts, both active and passive, is underlined by a strong need for affection caused by real or imagined rejection by the parents.

Because of the shortcomings of statistics on molesting it is obviously difficult to estimate the proportion of offenses in which children are cooperative, if not initiative. John H. Gagnon, in analyzing Kinsey's data discussed above, found that 8% of molesting offenses against middle-class, white female children involve a "collaborative" victim. A study of incarcerated offenders by Paul H. Gebhard and others suggests that the overall figure may be somewhat higher, especially among male children in homosexual contacts.

Although it is impossible to estimate accurately the extend to which cooperative victims contribute to the offenses, researchers on child molesting cannot help being struck by the sizable minority of "victims" who have contacts with several different adults or who have several contacts with the same adult before parents or authorities intervene. In the author's own memory one of the more extreme cases is that of a 13-year-old female who had several contacts with at least seven males ranging in age from 34 to 87. Experiences of officials and researchers with similar cases make it difficult always to take seriously the one-sided picture of the molester as a leering monster preying upon the innocents, especially when the "victims" are near pubescence.

Offender-victim relationship

Yet another variable contributing to the general lack of coercion in molesting offenses is the nature of the relationship between the adult and the child. If there is any one insidious myth about child molesting in the United States, it is that sexual offenses against children are invariably committed by shadowy figures cruising streets and playgrounds in search of victims. This belief leads to a great deal of effort to defend children against strangers, a laudable endeavor, but is also produces a sense of complacency regarding the more likely possibility that one's child will be molested by an acquaintance. Even the most conservative estimate of this phenomenon (based on Kinsey's sample of white females) indicates that about half of the sexual approaches are made by family friends, acquaintances, and relatives. Research using police records indicates even higher proportions: Sol Chaneles found that at least 80% of all sex crimes against children were committed by relatives and close acquaintances or neighbors. Studies of convicted molesters by J.W. Mohr, Paul H. Gebhard, and myself indicate that approximately two-thirds of molesting offenses involve persons at least casually acquainted with one another.

Although the majority of molesting offenses do not involve a stranger, there is one qualification justifying parental concern over strangers: since strangers are at obvious disadvantage in adapting a persuasive stance with children and because the meeting situations are partially a product of chance, overt force is more likely to occur in these offenses. For example, among strangers there will be greater probability of the victim's being forced into a car, an abandoned building, etc., to facilitate commission of an offense. Despite this, however, most offenses between strangers tend to be relatively less serious, fleeting events: a brief exposure or touching of the genitals.

When acquaintances or relatives are involved, the chances of overt force are minimized but the probability of more serious contacts increases as well as a greater probability that the contacts will occur more than once, depending on the response of the child.

Impact on child

A very real question to be faced is: regardless of how seemingly innocuous a sexual contact between an adult and child may be, what consequences does it have for the child? In other words, what is the effect of premature sexual experience? There is some agreement among researchers on this issue. All concur that in cases of extreme coercion and in cases of continual contacts of a serious sexual nature, negative outcomes in terms of lasting psychological damage are highly probable. Especially included in this high risk group are children who have several contacts with close relatives.

However, even this conclusion is somewhat confounded by the stand of some researchers that continual sexual experiences with adults are usually precipitated by such factors as stressful family backgrounds, intellectual deficiencies, or personality disturbances. In these cases it is impossible to ascertain whether the sexual contacts per se played any major role in

producing subsequent emotional difficulties. All agree, however, that a direct relationship between molesting and subsequent personality problems exists in cases of especially brutal assaults.

Does this mean that single, non-violent offenses have no effect on the children involved? Kinsey found that among his sample of females who had been molested, 80% had been "emotionally upset or frightened" by the offense. He concluded, however, that there should be nothing intrinsically shocking about seeing a penis or having one's genitalia touched, and that the trauma was generally at the same level as a child experiences when she sees a spider, a snake, or a similar object toward which children in our society have been "culturally conditioned." Indeed, if there is to be any serious emotional reaction it is likely to be the result of the reactions of parents, police, teachers, etc., upon discovering the offense has occurred.

Chaneles seems less willing than Kinsey to minimize the effects of molesting on children, claiming that victimization produces in the child an attitude of general distrust toward the adult world. But he, too, stresses that much of the shock for the child arises after the offense when its details must be told and retold at various stages in the legal process and when the child's school routine and family life suffer disruption as a result of the investigation.

Indeed, in the case of relatively minor molesting incidents members of the family and authorities may aggravate the situation well beyond its original proportions when they react in ways which emphasize the behavior as horrendous. This can only contribute to the child's feelings of bewilderment, guilt, and shame. No doubt the anticipation of such consequences for their children accounts for the reluctance of many parents to report offenses.

Even for the more serious offenses, the investigating and judicial processes accentuate an already repugnant experience for the child, especially if the process involves the child relating his story and being cross-examined in the courtroom setting. Various suggestions have been made to remedy this situation, the most popular being the Israeli practice of permitting an adult who has familiarized himself with the case to substitute for the child in court. However, this runs counter to our legal safeguard involving the right to face one's accuser and to cross-examination. Furthermore, since children are not necessarily any more reliable than adults in reporting the "truth," it is doubtful that the Israeli attempt to protect the child has facilitated the process of distinguishing between the guilty and the innocent.

Characteristics of molesters

Before discussing the general characteristics of molesters, it should be made clear that such information is based on those individuals who have gone far enough through the legal process that their characteristics are a matter of public record. Thus persons successful in avoiding arrest and prosecution obviously are not included. While it is possible that the undetected molesters do not differ significantly from the others, it is just as reasonable to suspect that their characteristics serve to protect them from risks of prosecution which other molesters face. My own research on molesters leads me to believe that the latter supposition is more accurate.

Molesters differ greatly in terms of the precautions they take to avoid detection and in the kinds of persuasion used to gain the cooperation of their victims. It quickly became evident to me that some molesters come to the attention of authorities only because of fortuitous circumstances; all that stood between them and impunity was a slip of the tongue. It is easy to imagine a class of molester who would be rarely arrested because of his status, the availability of receptive or impressionable children, and his ability to influence the young.

About three-quarters of molesters are employed in unskilled or semi-skilled occupations at the time of their arrest. This means that most are from lower class. Gagnon, in his analysis of Kinsey's data, argues that this overrepresentation of the lower class is probably an accurate portrait of the actual situation. He claims that rather than there being a large number of unapprehended middle-class molesters, middle-class girls are likely to be molested by lower-class males in situations of "intersection between the class strata (school janitors, handymen, farm workers, clerks in stores, etc.)."

While this may be the case for heterosexual offenders, available data indicate that homosexual offenders tend more toward the middle-class in their occupations and educational background. Homosexual offenders represent only about one-fifth of the known molester population; the extent to which this proportion and its social class characteristics represent real situation is simply unknown.

As stated above, molesters will be found in all age groups, but generally they tend to be older than other offender groups one is likely to find in the prison setting. This scarcely qualifies them for the "dirty old men," however, since most fall into the age group of 30 to 40 years, with an average age of 37.

Concerning age, there is one discrepancy in research which should be noted. Some researchers have found that the ages of offenders and victims are related; that is, the older offenders tend to have younger victims and vice versa. Studies which have found this age relationship have included victims who were in their middle teens. In my research on Wisconsin prisoners and probationers with no victims over 13 this relationship was not evident; age of offender was no indication of the age of his victim.

Aside from these rather easily measured characteristics of social class and age there is little else about molesters which can be stated with certainty. We are nowhere near discovering any common factors or relationships indicative of a "cause" of the behavior.

Child molesters are an extremely heterogeneous group and defy pigeonholing into a single catagory. This means that the state of explanation and treatment of molesters is, at best, in a pioneering stage.

If we cannot accurately explain on a general basis why molesters behave as they do, the next best approach is to divide molesters into "types" or relatively homogeneous subgroups. Mohr and his associates divided mo-

lesters into three age groups, each which possesses certain common psychological and social characteristics. Gebhard found nine categories based primarily on single characteristics, e.g., drunks, senile deteriorates, mental defectives, etc. The categories discussed below are not presented as being necessarily superior to these others, but do include some descriptions of the offense situations and victims which other groupings have virtually ignored. The types are derived from my research on 158 molesters who were incarcerated or on probation in Wisconsin in 1964. All were at least 18 years old and their victims were 13 years or younger. The data were taken from police and prison records and from interviews with the subjects. These types do no exhaust the possible variations of molesters and their offenses, but do represent a significant proportion of cases coming to the attention of authorities.

Incestuous molester. As the name implies,this individual molests a blood relative, usually a female living in the same residence. Because of these circumstances he has had several sexual contacts with his victim before he is apprehended. Furthermore, these contacts tend to develop into more serious types over time: while they may begin as caressing contacts, subsequent contacts become genital-genital and oral-genital in nature. The molester's ability to prolong the sexual relationship is often due to the reluctance of his wife, who frequently knows about the situation, to report the behavior; obviously, if a report is made the husband will be taken from the home and the wife left on her own. Many such cases become known to the authorities because the wife finally decides to report for one reason or another, or because the victim reveals the activity in school or to police while being questioned about other delinquent activity. Alcohol appears to play an important role for this type; in many cases drinking preceded the sexual contact, particularly for the first offense. As with most child molesting, coercion plays a minor part in incestuous offenses. Of course, there is a built-in factor of parental authority operating.

Molesters who work with children. This type includes many of the middle-class molesters. They are likely to be involved in activities and occupations customarily requiring higher education. They are labelled as "child-centered" because their occupations or volunteer activities are involved with children and present the molesters with a wide range of exposure to them: choir master, dance instructor, teacher, etc. Although it is tempting to assume such persons enter the activities because they have a proclivity toward molesting, it appears more accurate to say that they have a genuine interest in working with children and that their involvement and rapport with *some* children exceeds the legal bounds to which affection for children may be carried. These molesters generally have sexual contacts with children for whom they have high regard. The sexual contacts for them are seen as part of a "love relationship". This is not to say the relationship is necessarily a "faithful" one, for the adults are likely to have contacts with several children. Because of the affectional relationships the victims are highly cooperative and these molesters often operate with impunity for several months or years. Homosexual offenders probably constitute about half of this group. With these offenders the cooperative victim is an especially crucial factor; it is not unusual in these cases that a boy who has been molested will tell his friends who, in turn, approach the adult for the same treatment.

Asocial molester. This type is so called because the adults have criminal records which are likely to include either nonsexual offenses or sexual offenses involving adolescents or adults. They appear to function generally beyond the norms of conventional society, having little compunction over violating the law regarding either sexual or nonsexual conduct. They are not particularly involved with child molesting; it is simply another chapter in their careers of lawbreaking. They are primarily in unskilled occupations and, unlike most other molesters, they are not married at the time of their offenses. Their offenses are generally opportunistic and spontaneous. Since many have records including drinking offenses, the probability is high that alcohol was a contributing factor in the molesting behavior. Their offenses are not likely to be serious but limited to exposure and petting, nor is their contact with a victim likely to exceed a single incident.

Aged molester. This represents the older molester who is similar to the child-centerd molester in the sense that the sexual contacts are part of an affectional relationship. The children are generally passive, if not cooperative; the adult is likely to have contacts with more than one victim and more than once with each before the offenses come to the attention of authorities. Unlike the child-centered offender, the aged molester is not engaged in an occupation or formal activities involving children, but is retired from an un-skilled or semiskilled job; his victims are neighborhood children. Although this type is aged, this does not imply a necessary biological link with molesting, such as brain deterioration or impotency. Such factors may be relevant but there is also evidence that the adult becomes attached to children because of a death of adult friends and consequently begins to identify closely with children he sees on a day-to-day basis. The offenses for this type of molester are likely to be limited to looking at and caressing the genitals. As stated above, there is no indication from my data that the aged molester's victims are limited to the very young, at least within the age range through 13.

Career molesters. Much of the public's image of molesters concerns the adult who frequents playgrounds and public lavatories to prey on children much like a shark on sardines. Although we have seen that this image is an incorrect portrayal of the vast majority of molesters, the type definitely exists. I have called his a career molester because his arrest record of previous molesting offenses indicates that sexual contacts with children have been an important aspect of his life and because of the deliberate, systematic fashion in which he seeks out these contacts. Unlike most other molesters, his victims are strangers to him and consequently the acts with a given child occur only once. Furthermore, unlike other molesters, he concentrates on the very young: 9 and under. Although discriminating as to the age of his victims, he is more likely than other molesters to engage in both homosexual and heterosexual contacts, the choice appearing to depend on availability of victims. Contrary to most molesting contacts between strangers, the sexual act is likely to involve oral-genital contacts rather than being limited to exposure and caressing.

Although his contacts are with strangers, this molester usually eschews the use of physical coercion. He relies instead on his affability, powers of persuasion, and the gullibility of his very young victims. His tactic is to lure the child to an isolated location in order to perform a sex act; he may own a monkey or puppy to serve as bait. It appears that this type of molester has no interest in children other than the extent to which they provide him with sexual gratification.

Spontaneous-aggressive molester. The most serious type of molesting offense is that in which the child experiences violence. Fortunately this is an atypical occurrence. It is almost unknown between adults and male children, and cases in which the adult uses violence on girls are also rare. Usually the force is employed only to overcome resistance, but unquestionably even in these cases the force may be out of proportion to that which would have been necessary.

The victims of these offenders are usually strangers. The offenses are spontaneous in the sense that there are no preliminary attempts at persuasion as in the case of the career molesters whose victims are strangers. The adult without pretense exerts physical force in pulling the victim into a car or building, or if the adult and child meet in an isolated area the adult simply approaches and forces the child into the offense. The nature of the sex act is more likely to involve attempted coitus than in other molesting offenses. On the whole the characteristics of the spontaneous-aggressor's offense exhibit a disregard for the victim's youth; the child is treated as an adult. During interviews with these types of molesters, I noted that they held the lowest regard for children of any group, and in most cases the victims were selected not because they were children, but because they were simply seen as the most easily accessible sex objects under the circumstances. Here are the "explanations" given me by two such molesters:

> "I saw her walking alone on the street late at night. It was late and she was alone. It wouldn't have made any difference what age she was."

> "It was just one of those things. She was walking down the road with no houses around. What's a young guy going to think?"

Summary

These, then, have been the types of molesters which I encountered in my study. Although characteristics are scarcely satisfactory as explanations for the behavior, the descriptions make it evident that the men and the situations surrounding their behavior are very diverse; one can only assume that the motivations behind the behavior are just as diverse.

Whatever the molesters' motivations, it is a fact of life that a sizable proportion of American youth will have sexual experience with an adult. It is also a fact of life that a great many, if not most, of these experiences will involve friends and acquaintances, not strangers. For these reasons the prevention of molestation is a formidable task. Parental instruction plus school and neighborhood security measures can diminish the probability of children's being victimized by strangers thus minimizing the chances of a violent offense, but preparations should also be made for other contingencies. Parents must realize that despite their precautions their child may be molested, but a great step will be made toward peace of mind and proper handling of the situation when parents also recognize that an incident of molesting is not likely to be traumatic for a child unless the parents themselves make it so.

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This section includes a variety of resources concerning child sexual abuse. Some of the material although dated presents the approach this reference source was developed to convey. The intent is for both the instructor and the participant to "select" readings according to personal and professional interest.

Although extensive, this list is obviously not all inclusive. Fortunately, new material is becoming more readily available. The following sources may be of assistance in obtaining future "up to date" literary information.

National Center on Child Abuse and Neglect
Children's Bureau, Administration for Children, Youth and Families
Office of Human Development Services
U.S. Department of Health and Welfare
Washington, DC 20013

Region V Child Abuse and Neglect Resource Center
Center for Advanced Studies in Human Services
University of Wisconsin-Milwaukee
Milwaukee, Wisconsin 53201

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